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THE
MEDICAL SCHOOL

1902—03

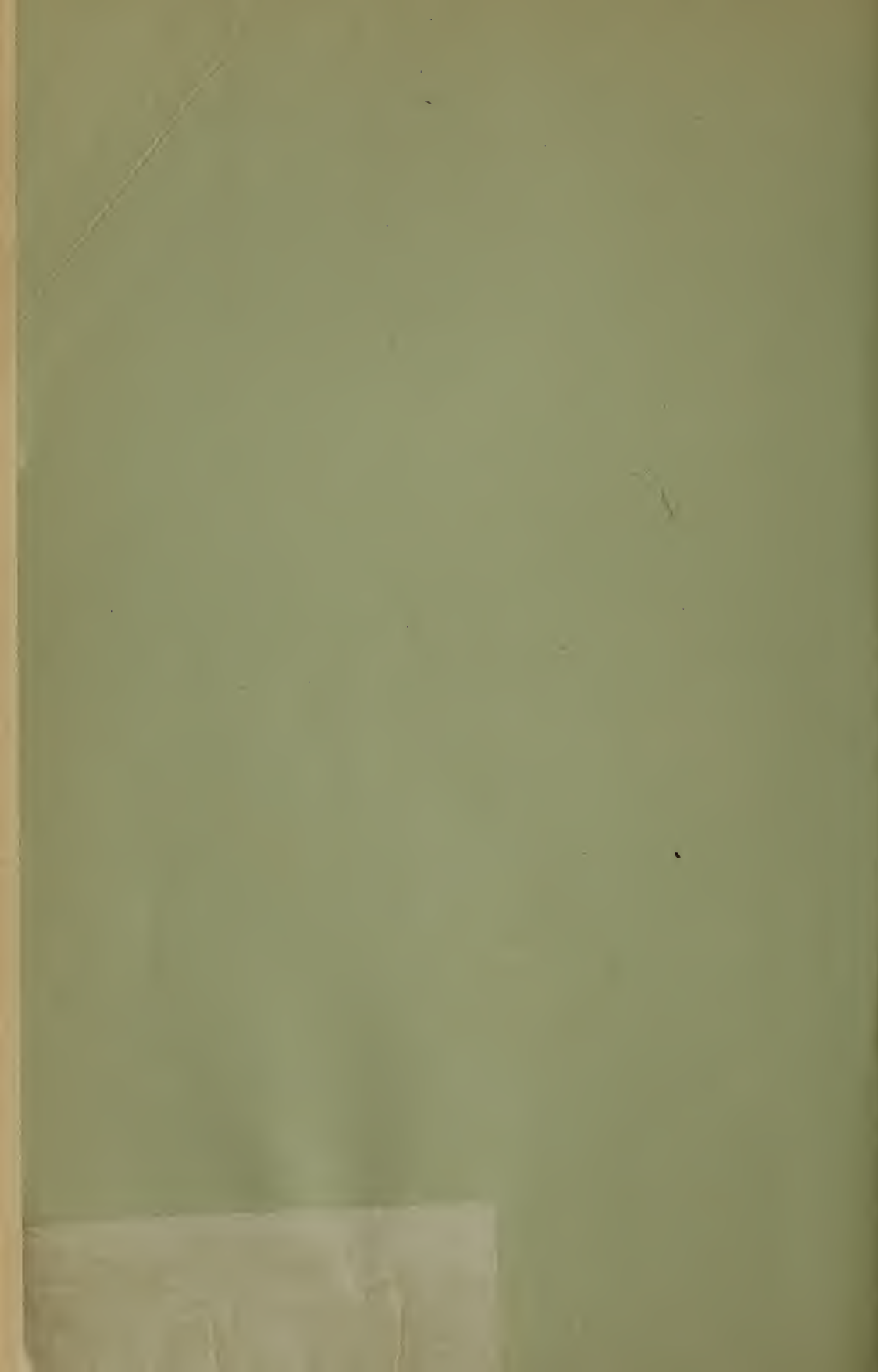
SECOND EDITION



CAMBRIDGE, MASS.

Published by Harvard University

OCTOBER 31, 1902



ANNOUNCEMENT
OF THE
MEDICAL SCHOOL
(688 BOYLSTON STREET, BOSTON, MASS.)

OF
HARVARD UNIVERSITY

FOR
1902-03

SECOND EDITION



CAMBRIDGE
Published by the University
1902

WILLIAM DANA ORCUTT

JANUARY 11, 1921

1902.

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MEDICAL SCHOOL CALENDAR.

1902.

- Sept. 18, Thursday.* Examinations begin for applicants for advanced standing, and for men previously conditioned.
- Sept. 24, Wednesday.* Examination in Chemistry for admission.
- Sept. 25, Thursday.* **Academic Year begins.** Registration of Students.
- Oct. 1, Wednesday.* Last day for receiving applications for the Bullard Fellowships.
- Nov. 1, Saturday.* Last day for receiving essays for the William H. Thorndike Prize.
- Nov. 27, Thursday.* Thanksgiving Day: a holiday.
- Nov. 29, Saturday.* Last day for receiving applications for the Cheever and Hayden Scholarships.

RECESS FROM DEC. 23, 1902, TO JAN. 2, 1903, INCLUSIVE.

1903.

- Jan. 1, Thursday.* Last day for receiving dissertations for the Boylston Medical Prizes.
- Feb. 2, Monday.* **Second half-year begins.** Mid-year Examinations begin.
- Feb. 22, Sunday.* Washington's Birthday (February 23, Monday, a holiday).
- April 1, Wednesday.* Last day for receiving dissertations for the Bowdoin Prizes.

RECESS FROM APRIL 19 TO APRIL 25, INCLUSIVE.

- April 30, Thursday.* Last day for receiving applications from students in the Professional Schools to be qualified for the degree of A.M. in 1903.
- May 1, Friday.* Last day for receiving dissertations for the Dante, Toppan, and Sumner Prizes.

<i>May 30, Saturday.</i>	Memorial Day : a holiday.
<i>May 30, Saturday.</i>	Last day for receiving applications of candidates for the degree of M.D. in 1903.
<i>May 30, Saturday.</i>	Last day for receiving applications for Scholarships for 1903-04 (except the Cheever and Hayden Scholarships).
<i>June 1, Monday.</i>	Examinations begin.
<i>June 24, Wednesday.</i>	Commencement.
<i>June 25, Thursday.</i>	Examination in Chemistry for admission.

SUMMER VACATION OF FOURTEEN WEEKS, FROM COMMENCEMENT TO SEPTEMBER 30, INCLUSIVE.

<i>Sept. 24, Thursday.</i>	Examinations begin for applicants for advanced standing, and for men previously conditioned.
<i>Sept. 30, Wednesday.</i>	Examination in Chemistry for admission.
<i>Oct. 1, Thursday.</i>	Academic Year begins. Registration of Students.
<i>Oct. 1, Thursday.</i>	Last day for receiving applications for the Bullard Fellowships.
<i>Oct. 31, Saturday.</i>	Last day for receiving essays for the William H. Thorndike Prize.
<i>Nov. 26, Thursday.</i>	Thanksgiving Day : a holiday.
<i>Nov. 30, Monday.</i>	Last day for receiving applications for the Cheever and Hayden Scholarships.

THE MEDICAL SCHOOL.

FACULTY OF MEDICINE.*

CHARLES W. ELIOT, LL.D., PRESIDENT.

WILLIAM L. RICHARDSON, M.D., DEAN, and *Professor of Obstetrics.*

OLIVER F. WADSWORTH, M.D., *Williams Professor of Ophthalmology.*

HENRY P. BOWDITCH, M.D., LL.D., D.Sc., *Professor of Physiology.*

CLARENCE J. BLAKE, M.D., *Professor of Otology.*

FRANK W. DRAPER, M.D., *Professor of Legal Medicine.*

CHARLES B. PORTER, M.D., *Professor of Clinical Surgery.*

J. ORNE GREEN, M.D., *Clinical Professor of Otology.*

J. COLLINS WARREN, M.D., LL.D., HON. F.R.C.S., *Moseley Professor of Surgery.*

REGINALD H. FITZ, M.D., *Hersey Professor of the Theory and Practice of Physic.*

THOMAS DWIGHT, M.D., LL.D., *Parkman Professor of Anatomy.*

THOMAS FILLEBROWN, M.D., D.M.D., *Professor of Operative Dentistry and Oral Surgery.*

JAMES J. PUTNAM, M.D., *Professor of Diseases of the Nervous System.*

EDWARD S. WOOD, M.D., *Professor of Chemistry.*

FREDERICK C. SHATTUCK, M.D., *Jackson Professor of Clinical Medicine.*

EDWARD H. BRADFORD, M.D., *Assistant Professor of Orthopedics.*

CHARLES A. BRACKETT, D.M.D., *Professor of Dental Pathology.*

FRANCIS H. DAVENPORT, M.D., *Assistant Professor of Gynaecology.*

THOMAS MORGAN ROTCH, M.D., *Professor of the Diseases of Children.*

WILLIAM B. HILLS, M.D., *Associate Professor of Chemistry.*

EUGENE H. SMITH, D.M.D., *Professor of Mechanical Dentistry and Orthodontia, and Dean of the Dental School.*

* Arranged here and elsewhere in the Catalogue, with the exception of the President and Dean, on the basis of collegiate seniority.

WILLIAM F. WHITNEY, M.D., *Curator of the Anatomical Museum.*
CHARLES S. MINOT, S.D., LL.D., D.Sc., *Professor of Histology
and Human Embryology.*

MAURICE H. RICHARDSON, M.D., *Associate Professor of Clinical
Surgery.*

CHARLES M. GREEN, M.D., *Assistant Professor of Obstetrics, and
Secretary of the Faculty of Medicine.*

EDWARD C. BRIGGS, M.D., D.M.D., *Professor of Dental Materia
Medica and Therapeutics.*

WILLIAM T. COUNCILMAN, M.D., *Shattuck Professor of Patho-
logical Anatomy.*

HERBERT L. BURRELL, M.D., *Assistant Professor of Surgery.*

HAROLD C. ERNST, M.D., *Professor of Bacteriology.*

CHARLES HARRINGTON, M.D., *Assistant Professor of Hygiene.*

JOHN T. BOWEN, M.D., *Assistant Professor of Dermatology.*

GEORGE G. SEARS, M.D., *Assistant Professor of Clinical Medicine.*

THEOBALD SMITH, M.D., *George Fabyan Professor of Comparative
Pathology.*

FRANZ PFAFF, M.D., *Assistant Professor of Pharmacology and
Therapeutics.*

WILLIAM T. PORTER, M.D., *Associate Professor of Physiology.*

FRANKLIN DEXTER, M.D., *Associate Professor of Anatomy.*

FRANK B. MALLORY, M.D., *Associate Professor of Pathology.*

JOHN WARREN, M.D., *Demonstrator of Anatomy.*

STANDING COMMITTEES FOR THE MEDICAL SCHOOL.

Course of Study. — Dr. Fitz (*Chairman*), and Drs. Bowditch, Draper, W. L. Richardson, Dwight, Shattuck, and Bradford.

Nominations. — Dr. Burrell (*Chairman*), and Drs. Whitney, Ernst, Harrington, and Bowen.

Graduate Courses. — Dr. Wadsworth (*Chairman*), and Drs. Bradford, Burrell, Smith, and Dexter.

Summer Courses. — Dr. Draper (*Chairman*), and Drs. J. O. Green and Putnam.

Admission. — Dr. W. L. Richardson (*Chairman*), and Drs. C. M. Green and Mallory.

THE MEDICAL SCHOOL.

BOSTON.

GENERAL STATEMENT.

Three professorships of Medicine were established at the University in the years 1782 and 1783. The first degrees in Medicine were conferred in 1788. Before 1811, the degree conferred upon graduates of the School was that of BACHELOR OF MEDICINE; beginning with 1811, the degree has been DOCTOR OF MEDICINE. In 1810, the lectures given in Medicine were transferred from Cambridge to Boston, where the first MEDICAL COLLEGE was built in 1815.

The course of study required in this School for the degree of M.D. is of four years' duration. This requirement was established at the beginning of the year 1892-93.

The academic year begins on the Thursday following the last Wednesday in September, and ends on the last Wednesday in June. In order that the time of study shall count as a full year, students of all classes must present themselves within the first week of the school year and register their names with the Secretary.

There is a Christmas recess from December 23 to January 2 inclusive, and a recess of one week's duration in April.

Beginning with the year 1899-1900 a new arrangement of the subjects taught in the first two years was adopted. During the first half of the first year the students devote their time solely to Anatomy and Histology, and during the second half of the first year to Physiology and Physiological Chemistry. They devote the first half of the second year to Pathology and Bacteriology, and the remainder of the second year to a variety of subjects which more particularly prepare the student for the clinical work of the third and fourth years.

Experience has shown that this logical arrangement of the subjects of the first two years enables a student to concentrate his energies to a much greater advantage than he can when his attention is divided among several subjects. Each correlated group presents sufficient variety to avoid monotony. Another advantage of this method is that it greatly increases the amount of time which can be devoted to each subject.

In 1902 certain other changes in the curriculum were adopted, to take effect with the class entering in the autumn of that year. The new course

of study is so arranged that the first three years are devoted to prescribed work, and the fourth year entirely to elective courses. A minimum of one thousand hours' work will be required of each fourth year student; and courses will be offered adapted to the student who wishes to fit himself to be a general practitioner, and also suitable courses for those who intend to become specialists or teachers in any department of medicine. A committee of the Faculty will advise students in regard to their selection of courses. The new elective curriculum of the fourth year will begin in the autumn of 1905.

A series of written, oral, and practical examinations on all the required subjects of medical instruction are distributed throughout the four years' course of study. Every candidate for the degree of Doctor of Medicine must pass these examinations in a satisfactory manner, and also fulfil all the other requirements enumerated on page 49.

The degree of Doctor of Medicine *cum laude* is given to candidates who obtain an average of 80 per cent. or over, in all the required examinations.

Besides the required and elective courses in the regular system of instruction, there have been established numerous optional lecture and laboratory courses which prepare for, or supplement, many of the required subjects.

Pamphlets descriptive of the many Courses of Study for Graduates, and of the Summer Courses, may be obtained on application.

Inquiries may be addressed to the Dean of the Harvard Medical School, 688 Boylston Street, Boston, Mass.

ADMINISTRATIVE BOARD.

WILLIAM L. RICHARDSON, M.D., DEAN, and *Professor of Obstetrics*.
J. COLLINS WARREN, M.D., LL.D., Hon. F.R.C.S., *Professor of Surgery*.

EDWARD S. WOOD, M.D., *Professor of Chemistry*.

FREDERICK C. SHATTUCK, M.D., *Professor of Clinical Medicine*.

WILLIAM F. WHITNEY, M.D., *Curator of the Anatomical Museum*.

CHARLES M. GREEN, M.D., SECRETARY, and *Assistant Professor of Obstetrics*.

CHARLES HARRINGTON, M.D., *Assistant Professor of Hygiene*.

FRANKLIN DEXTER, M.D., *Associate Professor of Anatomy*.

FRANK B. MALLORY, M.D., *Associate Professor of Pathology*.

OFFICE HOURS OF THE DEAN, TUESDAY AND FRIDAY, 12.15 TO 1 P.M.;
OF THE SECRETARY, MONDAY AND THURSDAY, 12 TO 1 P.M.

STANDING COMMITTEES.

Building. — Dr. Wood (*Chairman*), and Drs. W. L. Richardson and Whitney.

Advertising and Catalogue. — Dr. Wood (*Chairman*), and Drs. C. M. Green and Mallory.

Library. — Dr. Shattuck (*Chairman*), and Drs. Harrington and Dexter.

Warren Museum. — Dr. Warren (*Chairman*), and Drs. Whitney and Dexter.

Fellowships. — Dr. Shattuck (*Chairman*), and Drs. Warren, Whitney, Harrington, and Mallory.

Scholarships. — Dr. W. L. Richardson (*Chairman*), and Drs. C. M. Green and Dexter.

INSTRUCTORS, LECTURERS, AND ASSISTANTS.*

EDWARD COWLES, M.D., LL.D., *Clinical Instructor in Mental Diseases.*

SAMUEL H. DURGIN, M.D., *Lecturer on Hygiene.*

HENRY H. A. BEACH, M.D., *Lecturer on Surgery.*

GEORGE W. GAY, M.D., *Lecturer on Surgery.*

JOHN H. MCCOLLOM, M.D., *Instructor in Contagious Diseases.*

ABNER POST, M.D., *Instructor in Syphilis.*

ELBRIDGE G. CUTLER, M.D., *Instructor in the Theory and Practice of Physic.*

THOMAS A. DE BLOIS, M.D., *Clinical Instructor in Laryngology.*

EDWARD M. BUCKINGHAM, M.D., *Clinical Instructor in Diseases of Children.*

JOHN W. ELLIOT, M.D., *Lecturer on Surgery.*

JOHN W. FARLOW, M.D., *Clinical Instructor in Laryngology.*

CHARLES F. WITHINGTON, M.D., *Instructor in Clinical Medicine.*

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GEORGE H. MONKS, M.D., *Instructor in Clinical Surgery, and Assistant in Operative Surgery.*

MYLES STANDISH, M.D., *Instructor in Ophthalmology.*

GEORGE L. WALTON, M.D., *Clinical Instructor in Diseases of the Nervous System.*

FRANCIS S. WATSON, M.D., *Lecturer on Genito-Urinary Surgery.*

PHILIP COOMBS KNAPP, M.D., *Clinical Instructor in Diseases of the Nervous System.*

* Arranged here and elsewhere in the Catalogue on the basis of collegiate seniority.

- HERMAN F. VICKERY, M.D., *Instructor in Clinical Medicine.*
GEORGE HAVEN, M.D., *Instructor in Gynaecology.*
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ROBERT W. LOVETT, M.D., *Assistant in Orthopedics.*
JOHN C. MUNRO, M.D., *Instructor in Surgery.*
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ELLIOTT G. BRACKETT, M.D., *Assistant in Orthopedics.*
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JAMES O. JORDAN, PH.G., *Assistant in Materia Medica.*
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HENRY A. CHRISTIAN, M.D., *Instructor in Pathology.*

LEO V. FRIEDMAN, M.D., *Assistant in Obstetrics.*

GEORGE A. WATERMAN, M.D., *Assistant in Neurology.*

WILLIAM W. WILLIAMS, M.D., *Assistant in Pathology.*

CARL L. ALSBERG, M.D., *Assistant in Physiological Chemistry.*

JOHN L. BREMER, M.D., *Instructor in Histology and Embryology.*

WALTER B. CANNON, M.D., *Instructor in Physiology.*

ALFRED H. GOULD, M.D., *Assistant in Clinical and Operative
Surgery.*

MAURICE P. O. VEJUX-TYRODE, M.D., *Instructor in Pharmacology.*

FREDERIC T. LEWIS, M.D., *Instructor in Histology and Embryology.*

AUSTIN TEACHING FELLOWS.

LANGDON FROTHINGHAM, M.D.V., *in Bacteriology.*

SAMUEL S. MAXWELL, Ph.D., *in Physiology.*

CHARLES H. BOXMEYER, A.B., *in Comparative Pathology.*

ERNEST E. TYZZER, M.D., *in Histology and Embryology.*

THE MEDICAL SCHOOL.

ADMISSION OF STUDENTS.

Candidates for admission to this School must present a degree in Arts, Literature, Philosophy, or Science from a recognized college or scientific school, with the exception of such persons, of suitable age and attainments, as may be admitted by a special vote of the Administrative Board in each case.*

All candidates, whether presenting a degree or not, are required to satisfy the Faculty that they have had a course in Theoretical and Descriptive (Inorganic) Chemistry and Qualitative Analysis sufficient to fit them to pursue the courses in Chemistry given at the Medical School;† or, failing in this, to pass an examination in General Chemistry and Qualitative Analysis. Students who are unable to fulfil either of these requirements may enter conditioned in Chemistry; but no student will be permitted to take part in any exercise of the third class, or to present himself for examination in the subjects of that class, until deficiencies in General Chemistry and Qualitative Analysis have been made up.

The admission examination in General Chemistry (at which time also the note-books in Qualitative Analysis must be handed in) is held at the Medical School, 688 Boylston St., Boston, at 12 o'clock noon on the Thursday following the last Wednesday in June, and on the last Wednesday in September. The examination is conducted in writing. Specimen examination papers may be found in the Medical School Catalogues.

Applicants for admission to the Medical School who have studied three years in recognized colleges, technical, or scientific schools, in which courses in Human Anatomy, Physiology, Histology, and Physiological Chemistry are a part of the instruction, may be admitted to advanced standing, provided they pass an examination in these subjects and possess the other requirements for admission.

* The exception above referred to applies only to men who have practically finished a required course for a degree, but for some good and sufficient reason, such, for instance, as wishing to graduate with their class, prefer waiting until a later period for graduation; or to men who, without such a degree, have acquired an equivalent education and training sufficient to enable them to profit by the instruction offered in the School.

† The Summer Course in General Chemistry and Qualitative Analysis given at the Medical School is adapted to students about to enter the Medical School.

A graduate of another medical school of recognized standing may obtain the degree of M.D. at this University, after a year's study in the undergraduate course, passing all examinations required in the full undergraduate course; and fulfilling all requirements for admission. These examinations may be taken only at the times set for the regular examinations in September, February (mid-year examinations), and June. The next year will begin October 1, 1903.

DIVISION OF STUDENTS.

Students are divided into four classes according to their time of study and proficiency. No student may advance with his class, or be admitted to advanced standing, until he has passed the required examinations in the studies of the previous year, or a majority of them; nor may he become a member of the third class, until he has passed all the examinations of the first, including the admission examinations in Chemistry, and in addition a majority of those of the second year; nor of the fourth class, until he has passed all the examinations of the first and second years, in addition to a majority of those of the third year.

No student will be permitted to continue his membership in the School, if at the beginning of his second year he has passed none of the first-year examinations.

In order that the time of study shall count as a full year, students of all classes must present themselves within the first week of the School year and register their names with the Secretary.

Students who began their professional studies in other recognized Medical Schools may be admitted to advanced standing; but all persons who apply for admission to the advanced classes must furnish a satisfactory certificate of time spent in medical studies, and must pass examinations in the branches already pursued by the class to which they seek admission, and fulfil all other requirements for admission.

Any student may obtain a certificate of his period of connection with the School.

DIVISION OF STUDIES.

DIVISION OF STUDIES.

17

FOR THE FIRST YEAR.	FOR THE SECOND YEAR.	FOR THE THIRD YEAR.	FOR THE FOURTH YEAR.	ELECTIVES.
*Anatomy. 4	*Bacteriology. 1	Theory and Practice. 3	Clinical Medicine. 3	Anatomy. 2
*Histology. 1	*Pathology. 3	Pediatrics. 2	Clinical Surgery. 3	Advanced Histology. 2
Physiology. 3	Anatomy. 2	Surgery (written 2 hrs., practical 1 hr.) 3	*Orthopedics. 1	Histology of the Nervous System. 2
Physiological and Pathological Chemistry. 3	Clinical Chemistry. 2	Obstetrics. 3	*Syphilis. 1	Embryology. 2
	Materia Medica and Therapeutics. 2	Gynaecology. 1	*Ophthalmology. 1	Physiology. 2
	Theory and Practice. 1	Dermatology. 1	*Otolaryngology. 1	Physiological Chemistry. 2
	Clinical Medicine. 1	Neurology. 1	*Laryngology. 1	*Clinical Chemistry. 1
	Surgery. 1	Psychiatry. 1	*Legal Medicine. 1	Bacteriology. 2
		Clinical Medicine. 1	Hygiene. 1	Comparative Etiology of Infectious Diseases. 1
		Clinical Surgery. 1	Clinical Microscopy. 1	*Clinical Microscopy. 1
		Genito-urinary Surgery. 1	Genito-urinary Surgery. 1	Operative Surgery. 1
			Psychiatry. 2	† Orthopedics. 2
			Municipal Sanitation. 1	* Operative Obstetrics. 1
				Gynaecology. 2
				Dermatology. 2
				Neurology. 2
				† Ophthalmology. 2
				† Otolaryngology. 2
				Hygiene. 2

NOTE:—Subjects in which an examination is required are in roman letters. The number following the name of the examination indicates the length in hours of the examination. In the fourth year, electives must be chosen whose examinations shall aggregate three hours.

* Examination in February. † These electives count as one hour electives.

METHODS OF INSTRUCTION.

The following methods of instruction are adopted in the several departments:—

NOTE.—The figures at the right of the page indicate as accurately as can be ascertained the number of hours of instruction which each student receives in the different courses.

ABBREVIATIONS USED IN THE FOLLOWING PAGES, AND IN THE
TABULAR VIEWS.

B.C.H.	= Boston City Hospital.
B.D.	= Boston Dispensary.
B.I.H.	= Boston Insane Hospital (Pierce and Austin Farms).
B.L.H.	= Boston Lying-in Hospital.
Ch.H.	= Children's Hospital.
E. and E.I.	= Massachusetts Charitable Eye and Ear Infirmary.
H.M.S.	= Harvard Medical School.
I.H.	= Infants' Hospital.
L.I.H.	= Long Island Hospital.
McL.H.	= McLean Hospital.
M.G.H.	= Massachusetts General Hospital.
S.D.B.C.H.	= South Department, Boston City Hospital.
S.H.	= Samaritan Hospital.
S.O.P.D.	= Surgical Out-Patient Department.

Anatomy.

- THOMAS DWIGHT, M.D., LL.D., *Parkman Professor of Anatomy.*
 FRANKLIN DEXTER, M.D., *Associate Professor of Anatomy.*
 JOHN WARREN, M.D., *Demonstrator of Anatomy.*
 SEABURY W. ALLEN, M.D., *Assistant in Anatomy.*
 HARRIS P. MOSHER, M.D., *Assistant in Anatomy.*
 ERNEST B. YOUNG, M.D., *Assistant in Anatomy.*
 CHARLES S. BUTLER, M.D., *Assistant in Anatomy.*
 HENRY O. MARCY, Jr., M.D., *Assistant in Anatomy.*
 GEORGE S. WHITESIDE, M.D., *Assistant in Anatomy.*
 LINCOLN DAVIS, M.D., *Assistant in Anatomy.*
 FREDERICK WINSLOW STETSON, M.D., *Assistant in Anatomy.*

First year.—The instruction consists of lectures; various practical exercises, including abundant dissection under the direction of the Associate Professor; recitations; and demonstrations. The means and methods of illustrating the anatomical lectures probably are unrivalled

in this country. The system of demonstrations to small sections has been greatly extended.

Second year.—Much use is made of frozen sections and of the living model.

Fourth year.—There is an elective course in the dissecting room. The Demonstrator will furnish the details upon application.

Text-books.—Quain. Morris. Cunningham. Gray. Gerrish. Woolsey, Applied Anatomy.

Collateral Reading.—Dwight, Frozen Sections of a Child. Cunningham, Manual of Practical Anatomy. Macalister, Human Anatomy. Testut, Anatomie Humaine. Tillaux, Anatomie topographique. Humphry, Human Skeleton.

FIRST YEAR.

October.

Lectures. Professor DWIGHT. <i>Daily.</i>	24
Demonstrations and study of bones and joints. <i>Three hours daily.</i>	72

November and December.

Lectures. Professor DWIGHT. <i>Twice a week.</i>	16
Demonstrations. Professor DEXTER. <i>Four times a week to each section of the class.</i>	32
Practical anatomy with recitations. <i>Three hours a day, five times a week.</i>	120

January.

Lectures and demonstrations. Professor DWIGHT. <i>Every Saturday.</i>	4
Lectures. Professor DEXTER. <i>Daily.</i>	24
Demonstrations. Dr. WARREN. <i>Five times a week to each section of the class.</i>	20
Demonstrations and study of the brain and organs of sense. <i>Three hours a day, five times a week.</i>	60
Practical anatomy with recitations. <i>Three hours a day, five times a week.</i>	60

SECOND YEAR.

February and March.

Lectures. Professor DWIGHT. <i>Eight times a week, in sections.</i>	40
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FOURTH YEAR.

November.

Optional course in the Anatomy of the Genito-urinary System. Drs. YOUNG and WHITESIDE.	14
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January, February, and March.

Elective course. Professor DEXTER.	90
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Histology and Embryology.

CHARLES S. MINOT, S.D., LL.D., *Professor of Histology and Human Embryology.*

WILLIAM R. P. EMERSON, M.D., *Assistant in Histology.*

JAMES C. DONOGHUE, M.D., *Assistant in Histology.*

RALPH C. LARRABEE, M.D., *Assistant in Histology.*

JOHN L. BREMER, M.D., *Instructor in Histology and Embryology.*

FREDERIC T. LEWIS, M.D., *Instructor in Histology and Embryology.*

ERNEST E. TYZZER, M.D., *Austin Teaching Fellow in Histology and Embryology.*

LABORATORY.

The laboratory comprises a general class room with places for ninety men, and four smaller rooms for the officers of instruction, advanced workers, and for the library and collections. There are 215 microscopes for students' use, which are let to students for three dollars a term. There are over 13,000 permanent preparations used in the class work, a histological collection illustrating most of the features of the microscopic structure of the higher animals, and an embryological collection which includes nearly five hundred embryos of various selected vertebrates cut into serial sections, and thoroughly catalogued. There are also numerous wax and paper models for use in the course of instruction.

The equipment includes numerous microtomes, most of the leading patterns being represented, and many other pieces of apparatus, offering altogether ample facilities for elementary and advanced work and for investigation.

The library consists of complete sets of the most important histological and embryological journals, of the standard text-books, and of a private collection, which is open to investigators, of about four thousand pamphlets. A card catalogue and a classified bibliography are maintained, which give ready access to the literature of histology and embryology.

Text-books.—Stöhr, *Manual of Histology.* Böhm and von Davidoff, *A Text-Book of Histology.*

Collateral Reading.—Quain, *Anatomy.* Lee, *Microtome's Vademecum.* Kölliker, *Gewebelehre.* Minot, *Human Embryology.* Marshall, *Vertebrate Embryology.*

REGULAR COURSES.

First year.—Histology is taught by lectures and laboratory work; twenty-two hours a week are required during October, November, and December. Every student is recommended to purchase a microscope, but microscopes may be rented, by those who do not possess them, for three dollars a term. Each student is charged a laboratory fee of two dollars.

Fourth year.—Three elective courses are offered, (a) Embryology, (b) Advanced Histology, (c) The Histology of the Nervous System. Each of these courses occupies ten hours a week during the second term.

FIRST YEAR.

October.

Lectures. Professor MINOT. <i>Six times a week.</i>	24
Laboratory work. Drs. EMERSON, DONOGHUE, LARRABEE, BREMER, and LEWIS. <i>Three hours, five times a week.</i>	60

November and December.

Lectures. Professor MINOT. <i>Twice a week.</i>	16
Laboratory work. <i>Four hours, four times a week: three hours, once a week.</i>	152

FOURTH YEAR ELECTIVES.

(a) Embryology. Professor MINOT and Dr. LEWIS. <i>Ten hours a week, second half-year.</i>	160
(b) Advanced Histology. Professor MINOT, and Drs. EMERSON and LEWIS. <i>Ten hours a week, second half-year.</i>	160
(c) Histology of the Nervous System. Professor MINOT, and Drs. BREMER and LEWIS. <i>Ten hours a week, second half-year.</i>	160

GRADUATE COURSES.

I. Professor MINOT with Dr. LEWIS will give a course of thirty-two exercises on Elementary Human Embryology for practitioners. This course can be extended by a supplementary course of the same length. Fee, \$25.

Graduates taking these courses will be allowed the privilege of the Histological Laboratory. There will be an additional charge of \$5 for reagents and material.

II. Professor MINOT with Drs. BREMER and LEWIS will give a course intended for persons who wish to make a special study of Vertebrate or Human Embryology. This course is open to registered students of the

Graduate Department of the Faculty of Arts and Sciences, and will be offered hereafter also as a special course to graduate students of the Medical School.

This course will extend through the entire year, but in two parts of one term each. The resources of the Embryological Laboratory in apparatus and material render it possible to offer unusually favorable opportunities for both general study and special research. The course is arranged for those who, as morphologists, anatomists, and practitioners, wish to give the principal part of their time for one or more school terms to the subject. It will cover the whole field of Embryology, including the genital products, the theories of heredity and sex, the formation of the germ-layers, differentiation of the organs, the history of the placenta and the general morphology of Vertebrates or of Man. Most of the work will be done by the student in the laboratory, but there will also be formal lectures. Students taking this course will be expected to devote to it not less than eighteen hours a week.

Fee, for one term, \$75. Two terms, \$125.

The above courses I and II will be limited to twelve students in each course.

INVESTIGATION.

Special accommodations are furnished in the laboratory for students who wish to pursue special or advanced work. Special facilities are offered to original investigators, who will receive such personal aid as may be necessary or advantageous.

A special course in vertebrate embryology is given during the second term; this has been accepted by the Faculty of Arts and Sciences, and is open to students of the academic departments.

Physiology.

HENRY P. BOWDITCH, M.D., LL.D., D.Sc., *Professor of Physiology.*

WILLIAM T. PORTER, M.D., *Associate Professor of Physiology.*

WALTER B. CANNON, M.D., *Instructor in Physiology.*

SAMUEL S. MAXWELL, Ph.D., *Austin Teaching Fellow in Physiology.*

First Year. — The method of teaching Physiology consists in placing before the student the classical experiments of the science grouped in the most instructive sequence. The student himself performs as many of these as his own skill and the length of the course permit. What he does he is required to do well. The experiments selected are those which best illustrate the several groups or chapters of which physiology is composed. Preference, where possible, is given to observations used in clinical medicine. The observations which he cannot himself make the student reads

with an understanding grounded on his own practical experience. The facts thus gained are discussed in conferences, written tests, formal lectures, and recitations.

In the laboratory the student works fourteen hours a week during six weeks, and ten hours a week during the ten other weeks of the course. Each student is required to preserve in his laboratory note-book the graphic records obtained in his experiments together with a brief account of his own observations. The character of the laboratory instruction may be seen from the examination questions, page 98.

The conferences are held for half an hour five times a week for fifteen weeks. They are devoted to questions and explanations concerning the experimental work and are in fact a combination of recitation and lecture.

The written tests are twenty-minute examinations held daily and one hour examinations held weekly during fifteen weeks. The following are some of the questions: State experiments to show where stimulation begins on closure of the galvanic current. What is the reaction of degeneration? Mark on the intra-ventricular pressure curve the moment of opening and closure of the mitral and aortic valves. Give a brief account of the digestion of fat. Give evidence to show that afferent impulses are transmitted by the posterior roots of spinal nerves. Prove the existence of "hot and cold spots" on the skin. Cite experiments to show that the crystalline lens changes its shape in accommodation.

Formal lectures illustrated with demonstrations are held five times a week from the sixth to the fifteenth week inclusive.

One recitation is given weekly during fifteen weeks.

A special demonstration is given every Saturday during fifteen weeks; the motor areas of the cortex of the brain, and the action of the chorda tympani nerve on the secretion of saliva are examples of the subjects chosen for demonstration.

Each student is required to write a physiological thesis the material for which must be taken directly from the report of the original investigations. In addition each student is required to prepare at least one investigation not included in those used for his thesis. About sixty of the theses are selected for discussion by the class and staff. The subjects chosen are as a rule such as will supplement the instruction given in other ways. The discussions are held five times a week from the sixth to the fifteenth week inclusive. The discussion is opened by three students, each of whom has prepared himself upon some of the original investigations included in the theses, and is continued by the members of the class and of the staff. Among the theses discussed in the last collegiate year were: The excretion of urea by the kidneys; Internal secretion of the pancreas; Bacteria in health; Oedema; Regeneration of blood after hemorrhage; Artificial parthenogenesis; and Aphasia.

From twenty-five to forty optional lectures are given. The majority of these are discussions of original investigations made by the lecturer; for example: Results of closure of the coronary arteries of the heart; Nutrition of the heart through the vessels of Thebesius; Changes in the cells of the pancreas during secretion; Cortical localization of habits; Influences affecting contraction of smooth muscle; Movements of the food in the intestines; Growth of school children.

During the last two weeks of the course students who have performed the regular laboratory work with distinction may elect to perform special experimental work. Each student is provided with a sufficiently circumscribed subject, the original sources, a method, and the necessary apparatus. With this careful preparation, the fundamental discoveries in the subject chosen may be repeated and the general plan of work pursued by all students of biological science acquired.

Fourth year. — An elective laboratory course in Physiological Research is offered.

Text-books. — Text-book of Physiology, edited by E. A. Schäfer. Foster, Text-book of Physiology. American Text-book of Physiology. Waller, Human Physiology. Hermann, Lehrbuch der Physiologie. Porter, Introduction to Physiology. Porter, Laboratory Text Book of Physiology.

FIRST YEAR (Second half).

Laboratory experiments. Professor W. T. PORTER and Dr. CANNON.

Daily except Saturday, 180

Conference (75). Professor W. T. PORTER and Dr. CANNON. *Daily, except Saturday. First to fifteenth week, inclusive.* 33

Written tests (60). *Twenty minutes daily, except Monday and Saturday. First to fifteenth week, inclusive.* 25

Written tests (15). *One hour Mondays. First to fifteenth week, inclusive.* 15

Lectures, with demonstration (50). Professor W. T. PORTER and Dr. CANNON. *Daily, except Saturday. Sixth to fifteenth week, inclusive.* 25

Special demonstrations (15). Professor W. T. PORTER and Dr. CANNON. *Saturdays. First to fifteenth week, inclusive.* 15

Recitations (15). Professor BOWDITCH. *Saturdays. First to fifteenth week, inclusive.* 15

Discussion of Theses (50). *Daily, except Friday. Sixth to fifteenth week, inclusive.* 40

Thesis. Written by each student from the original sources.

Reading of investigations. The reading of investigations and the discussion of these at the appropriate conference.

Special experimental work. Optional during the fifteenth and sixteenth weeks, for selected students.

FOURTH YEAR ELECTIVE.

Physiological Research. Professor W. T. PORTER.

160

Physiological and Pathological Chemistry.

EDWARD S. WOOD, M.D., *Professor of Chemistry.*

WILLIAM B. HILLS, M.D., *Associate Professor of Chemistry.*

JOHN M. CONNOLLY, M.D., *Assistant in Chemistry.*

HENRY F. HEWES, M.D., *Instructor in Clinical Chemistry.*

ROBERT L. EMERSON, M.D., *Instructor in Physiological Chemistry.*

PERCY MUSGRAVE, M.D., *Assistant in Chemistry.*

CARL L. ALSBERG, M.D., *Assistant in Physiological Chemistry.*

First year.—The course in Physiological Chemistry extends through eight weeks and consists of a lecture, demonstration, or recitation daily, and of six laboratory exercises of two to three hours' duration a week. The course is so arranged that the student is enabled to conduct his laboratory work on the various subjects included in the course in direct connection with the lecture room instruction.

The subjects studied in this course are the carbohydrates; the proteids, their composition, relationships, chemical properties, methods of precipitation and separation; the fats; the chemistry of epithelial, connective, muscular, and nervous tissues; the chemistry of digestion; bile; blood; lymph; milk; and urine.

During the second half of the course (Pathological Chemistry), special attention is given to the clinical study of the urine. Each student examines, chemically and microscopically, a large number of specimens, and becomes thoroughly familiar with the composition of this secretion in normal and pathological conditions, and with the best methods for the detection of pathological constituents. The best methods for the quantitative determination of the more important normal and pathological constituents of the urine are also taught. The class in sections receives instruction in the diagnosis of renal and other diseases from the examination of the urines, and also has practical work in the examination of the blood and of gastric contents.

Opportunities for special investigation will be offered such students as can give the necessary time in the laboratory.

Second year.—The instruction in Chemistry is chiefly clinical in character. Each student is drilled thoroughly in the diagnosis of kidney

and other diseases from the examination of pathological urines obtained daily from the hospitals. The class in sections receives practical instruction in the clinical examination of the blood and of gastric contents, and is taught the medico-legal examination of blood and other stains, the analysis of pathological concretions and fluids, and clinical toxicology.

Fourth year. — In the elective in Physiological Chemistry the students analyze urine, bile, gastric juice, bone, muscle, adipose tissue, and faeces as obtained in health and in disease. They extract and isolate the more important constituents present. In the same way they study various pathological fluids and concretions.

The Chemical Laboratory at the Massachusetts General Hospital is open for original research in experimental medicine.

In Clinical Chemistry the elective consists of: (a) Urine, (b) Medico-legal Chemistry, i.e. examinations of poisons, blood, and other stains, (c) Clinical Examination of the Blood. Each student must work 128 hours in the laboratory on one or more of these branches.

Text-books. — Hammarsten, Physiological Chemistry. Ogden, Clinical Examination of the Urine. Tyson, Practical Examination of Urine. Wharton and Stillé, Medical Jurisprudence, Vol. II, on Poisons.

Collateral Reading. — Halliburton, Text-book of Chemical Physiology and Pathology. Simon, Physiological Chemistry. Bunge, Physiologic and Pathologic Chemistry. Herter, Lectures on Chemical Pathology. Gamgee, Physiological Chemistry of the Animal Body. Roberts, Urinary and Renal Diseases. Purdy, Practical Urinalysis and Urinary Diagnosis. Taylor on Poisons. Lea, Chemical Basis of the Animal Body (appendix to Foster's Text-book of Physiology). Vaughan and Novy, Cellular Toxins.

PHYSIOLOGICAL AND PATHOLOGICAL CHEMISTRY.

FIRST YEAR.

Lectures and demonstrations. Professors WOOD and HILLS. *Half an hour daily during first eight weeks; one hour three times a week during second eight weeks.* 48

Laboratory exercises. Professors WOOD and HILLS, and Drs. HEWES, EMERSON, and ALSBERG. *Daily for three hours during first eight weeks; two hours a day three times a week, three hours twice a week, during second eight weeks.* 240

FOURTH YEAR ELECTIVE.

Laboratory work. Asst. Professor PFAFF. (M.G.H.) *Two half-days a week throughout the year.* 256

CLINICAL CHEMISTRY.

SECOND YEAR.

- Lectures, demonstrations, and conferences. Professor WOOD. *Four hours a week, second half-year.* 64
- Laboratory exercises. Professor WOOD, and Drs. CONNOLLY, HEWES, and MUSGRAVE. *Eight hours a week, second half-year.* 128

FOURTH YEAR ELECTIVE. (128 hrs.)

- (a) Urine. Professor WOOD and Dr. EMERSON. *First half-year.*
- (b) Medico-legal Chemistry. Professor WOOD and Dr. EMERSON. *First half-year.*
- (c) Clinical Examination of the Blood and Gastric Contents. Professor WOOD and Dr. HEWES. *First half-year.*

Bacteriology.

- HAROLD C. ERNST, M.D., *Professor of Bacteriology.*
- CALVIN G. PAGE, M.D., *Assistant in Bacteriology.*
- FRANCIS P. DENNY, M.D., *Assistant in Bacteriology.*
- WILLIAM HENRY ROBEY, JR., M.D., *Assistant in Bacteriology.*
- HENRY J. PERRY, M.D., *Assistant in Bacteriology.*
- EUGENE E. EVERETT, M.D., *Assistant in Bacteriology.*

LANGDON FROTHINGHAM, M.D.V., *Austin Teaching Fellow in Bacteriology.*

Second year. — Required bacteriology is taught by lectures and practical laboratory work. The lectures treat of the general subject and of methods of practical work. In the laboratory each student has an opportunity to become familiar with the simpler methods of manipulation and staining which are of especial clinical value, and with the more prominent of the pathogenic bacteria.

Fourth year. — The elective course offered is mainly practical.

Opportunities for special investigation will be offered such students as can give the necessary time in the laboratory.

Text-books. — Muir and Ritchie. Abbott. Park.

Collateral Reading. — Sternberg. Heim. Migula.

SECOND YEAR.

- Lectures. Professor ERNST. *Daily, except Saturdays, during October and November.* 40
- Laboratory work. Professor ERNST, and Drs. PAGE, DENNY, ROBEY, PERRY, EVERETT, and FROTHINGHAM. *Two to three hours daily during October and November.* 120

FOURTH YEAR ELECTIVE.

Advanced Bacteriology. Professor ERNST, and Drs. PAGE, DENNY, ROBY, and PERRY. Lectures and laboratory work during the second half-year. (This course is intended to encourage original work.) 172

Pathology.

WILLIAM T. COUNCILMAN, M.D., *Shattuck Professor of Pathological Anatomy.*

FRANK B. MALLORY, M.D., *Associate Professor of Pathology.*

EDWARD W. TAYLOR, M.D., *Instructor in Neuropathology.*

JAMES H. WRIGHT, M.D., *Instructor in Pathology.*

GEORGE B. MAGRATH, M.D., *Assistant in Pathology.*

HENRY A. CHRISTIAN, M.D., *Instructor in Pathology.*

WILLIAM W. WILLIAMS, M.D., *Assistant in Pathology.*

Second year.—The course in Pathology consists of laboratory work, demonstrations, conferences, and lectures. During the forenoons of October and November a course in general pathology is given. The basis of the work is formed by a laboratory course in which microscopic work is combined with demonstrations and examinations of gross specimens. A lecture with stereopticon demonstrations is given daily at the end of the exercises in order to explain more fully the lesions studied in the laboratory.

During the forenoons of December and of the first and second weeks of January the work consists chiefly of the study and diagnosis of tissues from post-mortem examinations. So far as possible all the organs from a cadaver are demonstrated together, and the relation of the lesions explained. The organs are examined by the naked eye, and microscopically in frozen sections. Tumors and other pathological products are examined in the same way. An abundance of material is provided for the course. Lectures and laboratory talks are given daily.

In the forenoons of the last two weeks of January, Professor T. SMITH gives a course of lectures and laboratory exercises on animal parasites, particularly the protozoa and the infections produced by them.

During the afternoons of December and January two courses are given in the special pathology of neurology and surgery; the courses constitute a valuable introduction to the clinical work required in these subjects in the third year.

These courses are :—

(a) Fifteen demonstrations and laboratory exercises on the pathology of the nervous system. (See Neurology.)

(b) Twenty laboratory exercises in surgical pathology. (See Surgery.)

Text-books.—Ziegler, General and Special Pathology. Stengel, A Text-book of Pathology. Mallory and Wright, Pathological Technique.

Collateral Reading.—Thoma, Pathologische Anatomie. Orth, Pathologische Anatomie; Diagnostik. Ribbert, Pathologische Histologie, Lehrbuch der Allgemeinen Pathologie. Lubarsch and Ostertag, Ergebnisse der Pathologie und Anatomie.

SECOND YEAR.

Lectures or conferences. Professor COUNCILMAN. *Daily for fourteen weeks, October, November, December, and January.* 84

Lectures. Professor T. SMITH. *One hour daily, third and fourth weeks of January.* 12

Laboratory work. Professors COUNCILMAN and MALLORY, and Drs. WRIGHT, MAGRATH, CHRISTIAN, and WILLIAMS. *Three hours daily during the forenoons of October, November, December, and the first two weeks of January.* 252

Demonstrations and laboratory work. Professor T. SMITH. *Two hours daily, third and fourth weeks of January.* 24

Neuropathology. Dr. TAYLOR. *Afternoons in December.* 45

Surgical pathology. Dr. NICHOLS. *Afternoons in January.* 60

Comparative Pathology.

THEOBALD SMITH, M.D., *George Fabyan Professor of Comparative Pathology.*

CHARLES H. BOXMEYER, A.B., *Austin Teaching Fellow in Comparative Pathology.*

Second year.—A short course on the pathogenic protozoa and higher animal parasites is given in January as a part of the course in Pathology (see above).

Fourth year.—An elective course consisting of lectures and demonstrations on the comparative etiology of infectious diseases is given during the second half-year. In this course much time is devoted to a consideration of the general principles underlying infection and immunity, and their application to diagnosis, prevention, and therapy (vaccines, anti-toxins, agglutinins, etc.). The public-health problems arising from the interrelation of human and animal diseases are also discussed.

A few graduate students qualified to carry on investigations may be accommodated at the laboratory at Forest Hills from October to June.

SECOND YEAR.

Lectures. Professor T. SMITH. (H.M.S.) *One hour daily, third and fourth weeks of January.* 12

Demonstrations and laboratory work. Professor T. SMITH and Drs. MAGRATH, CHRISTIAN, and WILLIAMS. *Two hours daily, third and fourth weeks of January.* 24

(This course forms part of the required work in Pathology.)

FOURTH YEAR ELECTIVE.

Lectures. Professor SMITH. (H.M.S.) *Twice a week, second half-year.* 32

Materia Medica and Therapeutics.

FRANZ PFAFF, M.D., *Assistant Professor of Pharmacology and Therapeutics.*

JAMES O. JORDAN, Ph.G., *Assistant in Materia Medica.*

MAURICE P. O. VEJUX-TYRODE M.D., *Instructor in Pharmacology.*

Second year.—Instruction is given by lectures and recitations, and by demonstrations of the physiological action of drugs. The lectures are supplemented by an optional course in practical pharmacy, in which the compounding of prescriptions is illustrated. In addition to the lectures on therapeutics, the practical relation of remedies to diseased conditions is dwelt on in the exercises in the departments of Theory and Practice, and of Clinical Medicine.

A special laboratory has been equipped for original research in Experimental Pharmacology and Therapeutics; here a voluntary course, open to a limited number of duly qualified undergraduates, affords opportunity for practical training and instruction in the methods and use of the special apparatus employed in determining the toxic and physiological actions of drugs, and their practical value as remedies.

Text-book.—A. R. Cushny, Pharmacology and Therapeutics.

Collateral Reading.—Schmiedeberg, *Arzneimittellehre*. Binz, *Vorlesungen ueber Pharmacologie*. H. C. Wood, *Therapeutics*. Brunton, *Pharmacology, Materia Medica, and Therapeutics*.

SECOND YEAR.

Lectures. Asst. Professor PFAFF. *Four times a week, Feb. to May inclusive.* 64

Voluntary laboratory work. Mr. JORDAN and Dr. VEJUX-TYRODE. *In sections, two hours a week during April and May.*

The Theory and Practice of Medicine.

REGINALD H. FITZ, M.D., *Hersey Professor of the Theory and Practice of Physic.*

ELBRIDGE G. CUTLER, M.D., *Instructor in the Theory and Practice of Physic.*

ARTHUR K. STONE, M.D., *Assistant in the Theory and Practice of Physic.*

ELLIOTT P. JOSLIN, M.D., *Assistant in the Theory and Practice of Physic.*

FRANKLIN W. WHITE, M.D., *Assistant in the Theory and Practice of Physic.*

GEORGE S. C. BADGER, M.D., *Assistant in the Theory and Practice of Physic.*

JOSEPH H. PRATT, M.D., *Assistant in the Theory and Practice of Physic.*

Second year. — The instruction is given chiefly by means of clinical teaching, for which purpose the class is divided into sections.

Third year. — Lectures on selected topics are given at the Medical School. At the Massachusetts General Hospital there are clinical exercises in which the students are called upon to take an active part. Opportunities also are offered for bedside visits, for the examination of ambulatory patients, and for the discussion of the conclusions reached in regard to the cases examined. In the sectional teaching especial attention is paid to drill in the use of laboratory methods in medical practice.

Text-books. — Osler, *Practice of Medicine*. Tyson, *Practice of Medicine*. Strümpell, *Text-book of Medicine*.

Collateral Reading. — Loomis-Thompson, *American System of Practical Medicine*. Allbutt, *System of Medicine*. Nothnagel, *Specielle Pathologie und Therapie*. Eulenburg, *Real-Encyclopädie der gesammten Heilkunde*.

SECOND YEAR.

Clinical lectures.	Dr. CUTLER.	(M.G.H.)	<i>Twice a week, second half-year.</i>	32
Exercises in sections.	Drs. STONE, JOSLIN, WHITE, and BADGER.		<i>Once a week, second half-year, for each student.</i>	16

THIRD YEAR.

Lectures on selected subjects.	Professor FITZ.	(H.M.S.)	<i>Twice a week.</i>	64
Clinical lectures.	Professor FITZ.	(M.G.H.)	<i>Twice a week.</i>	64
Clinical lectures.	Dr. CUTLER.	(M.G.H.)	<i>Twice a week, first half-year.</i>	32
Exercises in sections.	Drs. STONE, JOSLIN, WHITE, and BADGER.		<i>Twice a week, first half-year. Nine hours for each student.</i>	9

Clinical Medicine.

FREDERICK C. SHATTUCK, M.D., *Jackson Professor of Clinical Medicine.*

GEORGE G. SEARS, M.D., *Assistant Professor of Clinical Medicine.*

JOHN H. MCCOLLOM, M.D., *Instructor in Contagious Diseases.*

CHARLES F. WITHINGTON, M.D., *Instructor in Clinical Medicine.*

HERMAN F. VICKERY, M.D., *Instructor in Clinical Medicine.*

HENRY JACKSON, M.D., *Instructor in Clinical Medicine.*

WILLIAM H. PRESCOTT, M.D., *Assistant in Clinical Medicine.*

JOHN L. AMES, M.D., *Assistant in Clinical Medicine.*

JOHN W. BARTOL, M.D., *Assistant in Clinical Medicine.*

JAMES M. JACKSON, M.D., *Assistant in Clinical Medicine.*

RICHARD C. CABOT, M.D., *Assistant in Clinical Medicine.*

WILLIAM H. SMITH, M.D., *Assistant in Clinical Medicine.*

The study of Clinical Medicine begins with the second half of the second year. Daily instruction is given by clinical lectures, hospital visits, and other exercises. The teaching for the second, third, and fourth years is graded and separate for each year, except that students of the fourth class are allowed to attend the clinical lectures given for the third class, if they wish.

Second year. — The following courses continue for four months : —

Physical diagnosis for the class in small sections. Every student attends two exercises a week.

Clinical Instruction for the entire class, twice a week, in case taking, diagnostic methods, and diagnosis.

Third year. — Four exercises a week are held in the hospital amphitheatres and wards. The teaching is more advanced and includes therapeutics. The amount of clinical material is so large that during the year a wide range of diseases is illustrated practically. Even of the rarer affections often several examples are shown.

Fourth year. — The class has two clinics a week at which special attention is paid to Clinical Therapeutics.

Conferences are held once a week throughout the year. A medical case is assigned to every student. He is required to work it up thoroughly and to write out in full the history, physical examination, differential diagnosis, and treatment. From the papers thus prepared certain ones are selected to be read before the teachers in the department and the students at the weekly conference. A full discussion is encouraged.

Every student is required to take at least one month's service in a medical out-patient department under the supervision of the head of the clinic.

In the second half-year the class, divided into sections of ten, is given an opportunity to become practically familiar with diphtheria, scarlet

fever, and measles, their diagnosis, course, and treatment. This exceptional opportunity is rendered possible by the opening of the new "South" or Contagious Department of the Boston City Hospital, which accommodates two hundred and fifty patients.

Twice a week in the second half-year the entire class has an exercise in diagnosis. Cases are examined by the students themselves under supervision, and the class is drilled in differential diagnosis with the help of printed cases.

Text-books. — Osler, Practice of Medicine. Tyson, Practice of Medicine. Strümpell, Text-book of Medicine. Musser, Medical Diagnosis. Cabot, Physical Diagnosis. Tyson, Physical Diagnosis.

Collateral Reading. — Allbutt, System of Medicine. Twentieth Century Practice of Medicine. Nothnagel, Encyclopedia of Practical Medicine. Fagge and Pye-Smith, Practice of Medicine. Gowers, Diseases of the Nervous System.

SECOND YEAR.

Clinics. Assistant Professor SEARS (B.C.H.), and Dr. VICKERY (M.G.H.). *Twice a week, second half-year.* 64
Physical Diagnosis. Drs. CABOT and J. M. JACKSON (M.G.H.), Drs. AMES and BARTOL (B.C.H.), and Dr. PRESCOTT (B.D.). *Two exercises a week, second half-year, for each student.* 32

THIRD YEAR.

Clinics. Professor SHATTUCK. (M.G.H.) *Twice a week.* 64
Assistant Professor SEARS. (B.C.H.) *Once a week throughout the year.* 32
Dr. H. JACKSON. (B.C.H.) *Once a week, first half-year.* 16
Dr. WITHINGTON. (B.C.H.) *Once a week, second half-year.* 16
Medical visits. Drs. G. B. SHATTUCK, WITHINGTON, WILLIAMS, H. JACKSON, and SEARS. (B.C.H.) *Once a week.* 32

FOURTH YEAR.

Clinics with special reference to therapeutics. Professor SHATTUCK. (M.G.H.) *Once a week.* 32
Practical Therapeutics. Assistant Professor SEARS. (B.C.H.) *Once a week, first half-year.* 16
Clinics. Dr. WITHINGTON. (B.C.H.) *Once a week, second half-year.* 16
Clinical conferences. (H.M.S.) *Once a week.* 32
Contagious diseases and practical diagnosis. (Optional course.) Dr. McCOLLOM. (S.D.B.C.H.) *Two visits (one and one-half to two hours) for each student.* 3-4
Practical exercises in clinical diagnosis. Dr. R. C. CABOT. (M.G.H.) *Twice a week for two hours, second half-year.* 64
Dr. H. JACKSON. (B.C.H.) *Once a week, second half-year.* 32

Pediatrics.

THOMAS MORGAN ROTCH, M.D., *Professor of the Diseases of Children.*

JOHN H. MCCOLLOM, M.D., *Instructor in Contagious Diseases.*

EDWARD M. BUCKINGHAM, M.D., *Clinical Instructor in Diseases of Children.*

GEORGE A. CRAIGIN, M.D., *Assistant in Diseases of Children.*

JOHN L. MORSE, M.D., *Instructor in Diseases of Children.*

MAYNARD LADD, M.D., *Assistant in Diseases of Children.*

Third Year. — Lectures on selected topics preparatory for the clinical teaching are given early in the year. Clinical lectures are given from November to April inclusive at the Children's Hospital; the students are required to take an active part in the examination and discussion of the cases, and to write their prescriptions for the treatment on the blackboard; the whole exercise is open to free criticism by the class. A certain number of recitations on subjects selected as best taught in this way are held in the course of the year, and a large amount of case teaching occurs in the latter part of the year. Sectional teaching at the bedside is given from October to May inclusive, and comprises a large proportion of the year's instruction. During the first half-year the class in sections receives instruction three times a week in the contagious wards of the Boston City Hospital, where each student is shown and examines cases of diphtheria, scarlet fever, and measles. Each student is taught the technique of intubation, and has an opportunity to see intubation performed. When material can be obtained each student is taught on the cadaver to perform intubation. A written report of the cases seen is required. In all the clinical and sectional teaching especial attention is paid to clinical therapeutics.

Text-book. — Rotch. Pediatrics.

Collateral Reading. — Keating, Cyclopaedia of the Diseases of Children. Northrup, American Edition of The Diseases of Children, by Ashby and Wright. Jacobi, Therapeutics of Infancy and Childhood. Holt, Diseases of Infancy and Childhood. Sachs, The Nervous Diseases of Children.

THIRD YEAR.

Lectures. Professor Rotch. (H.M.S. or North Grove St.). *Three times a week in October.*

Once a week, November to March inclusive.

34

Clinical lectures. Professor ROTCH. (Ch.H.). *Once a week, November to April inclusive.*

23

Recitations and Case Teaching. Dr. MORSE. (H.M.S.). *Once a week in March, twice a week in April, three times a week in May.*

24

Sectional Teaching.

Dr. McCOLLOM. (S.D.B.C.H.). *Three times a week, first half-year.*

Dr. BUCKINGHAM. (Ch.H.). *Twice a week in October; three times a week from November to February inclusive; twice a week from March to May 15th.*

Dr. MORSE. (No. Grove St. and I.H.). *Three times a week from November to February inclusive; twice a week from March to May 15th.*

Dr. CRAGIN. (Ch.H.). *Twice a week in October; three times a week from November to February inclusive; twice a week from March to May 15th.*

Dr. LADD. (Ch.H.). *Twice a week in October; once a week from November to April inclusive. (I.H.) Twice a week from November to February inclusive.*

Every student receives a minimum of six hours instruction in contagious diseases, and of eighteen hours in his other sectional teaching. 24

Clinical Microscopy.

WILLIAM F. WHITNEY, M.D., *Curator of the Anatomical Museum.*

Fourth year.—The course during the first half-year is elective. A continuation of the course is given during the second half-year and is optional. The instruction is entirely practical in character. It includes the examination of fluids, tumors, curettings, and organs from autopsies. Special attention is paid to the microscopic examination of the material in the fresh condition.

Text-book.—Simon, *Manual of Clinical Diagnosis.*

FOURTH YEAR. ELECTIVE.

Laboratory exercises. Dr. WHITNEY. (H.M.S.) *One hour, three times a week, first half-year.* 48

OPTIONAL COURSE.

Laboratory exercises. Dr. WHITNEY. (H.M.S.) *One hour, three times a week, second half-year.* 48

Surgery.

J. COLLINS WARREN, M.D., LL.D., *Moseley Professor of Surgery.*

HERBERT L. BURRELL, M.D., *Assistant Professor of Surgery.*

GEORGE W. GAY, M.D., *Lecturer on Surgery.*

FRANCIS S. WATSON, M.D., *Lecturer on Genito-Urinary Surgery.*

JOHN C. MUNRO, M.D., *Instructor in Surgery.*

PAUL THORNDIKE, M.D. *Instructor in Genito-Urinary Surgery.*

EDWARD H. NICHOLS, M.D., *Instructor in Surgical Pathology.*

HOWARD A. LOTHROP, M.D., *Assistant in Surgery.*

CHARLES A. PORTER, M.D., *Instructor in Surgery.*

FREDERICK J. COTTON, M.D., *Assistant in Surgery.*

ROBERT B. GREENOUGH, M.D., *Assistant in Surgery.*

Instruction is given by systematic lectures, recitations, clinical demonstrations, and laboratory exercises.

Second year. — During the month of January there are twenty laboratory exercises in Surgical Pathology. This course includes the healing of wounds and fractures, the diseases of bones and joints, and the special pathology which is of surgical importance. In connection with the course a series of twelve clinical lectures illustrating the lesions studied is given at the Boston City Hospital.

During the second half-year thirty-two recitations and demonstrations in Surgical Pathology are held at the Medical School and at the Massachusetts General Hospital.

A course of Surgical Technique is given consisting of six hours of lectures to the entire class, and of twelve laboratory exercises, of two hours each, to the class in sections. The laboratory course consists of the application of bandages and surgical apparatus, and of the preparation and application of surgical dressings and materials by the students.

Third year. — Systematic lectures and recitations, in the proportion of three to one, are given twice a week throughout the year at the Medical School. A clinical demonstration is made once a week at the Massachusetts General Hospital in connection with these lectures. An optional course is given in Genito-Urinary Surgery, consisting of lectures at the Medical School and of sectional work at the hospitals and dispensaries.

Fourth year. — The following instruction is given: —

An optional course in Genito-Urinary Surgery, consisting of lectures at the Medical School, and of clinical demonstrations at the Boston City Hospital.

Surgical Operations of every variety are performed once a week both at the Massachusetts General and at the Boston City Hospitals.

Books recommended. — International Text-book of Surgery. Warren, Surgical Pathology. Cheever, Lectures on Surgery. Dennis, System of Surgery. Wharton and Curtis, Practice of Surgery. Treves, System of Surgery. Bryant, Operative Surgery. Treves, Manual of Operative Surgery. DaCosta, Modern Surgery. Zuckerkandl, Manual of Operative Surgery. Jacobson, Surgical Operations (new edition). Scudder, The Treatment of Fractures. Dorland, Illustrated American Medical Dictionary.

SECOND YEAR.

Laboratory course in Surgical Pathology. Dr. NICHOLS. (H.M.S.)

Twenty two-hour exercises during January. (See Pathology.) 40

Clinical lectures in connection with the above course. Asst. Professor

BURRELL. (B.C.H.) *Twelve exercises during January.* 12

Recitations and demonstrations in Surgical Pathology. Dr. C. A. PORTER. (H.M.S. and M.G.H.) *Thirty-two exercises, second half-year.* 32

Laboratory course in Surgical Technique. Dr. LOTHROP. <i>Six lectures to the entire class.</i>	6
<i>Twelve two-hour exercises for each student during second half of second year.</i>	24

THIRD YEAR.

Lectures and recitations. Professor WARREN and Asst. Professor BURRELL. (H.M.S.) <i>Twice a week.</i>	64
Clinical demonstrations in connection with above lectures. Professor WARREN. (M.G.H.) <i>Once a week.</i>	32

GENITO-URINARY SURGERY.

OPTIONAL COURSE.

Lectures. Dr. THORNDIKE. (H.M.S.) <i>Twice a week for eight exercises in October.</i>	8
Section teaching in connection with above lectures at Boston Dispensary. <i>Each student attends one hour a day for six days.</i>	6

FOURTH YEAR.

GENITO-URINARY SURGERY.

OPTIONAL COURSE.

Clinical lectures. Dr. THORNDIKE. (B.C.H.) <i>Once a week, first half-year.</i>	16
DR. WATSON. (B.C.H.) <i>Once a week, second half-year.</i>	16

Clinical Surgery.

CHARLES B. PORTER, M.D., <i>Professor of Clinical Surgery.</i>	
MAURICE H. RICHARDSON, M.D., <i>Associate Professor of Clinical Surgery.</i>	
HENRY H. A. BEACH, M.D., <i>Lecturer on Surgery.</i>	
JOHN W. ELLIOT, M.D., <i>Lecturer on Surgery.</i>	
SAMUEL J. MIXTER, M.D., <i>Assistant in Operative Surgery.</i>	
GEORGE H. MONKS, M.D., <i>Instructor in Clinical Surgery and Assistant in Operative Surgery.</i>	
CHARLES L. SCUDDER, M.D., <i>Assistant in Clinical and Operative Surgery.</i>	
JAMES G. MUMFORD, M.D., <i>Assistant in Clinical and Operative Surgery.</i>	
JOHN B. BLAKE, M.D., <i>Assistant in Clinical and Operative Surgery.</i>	
WILLIAM E. FAULKNER, M.D., <i>Assistant in Clinical and Operative Surgery.</i>	
FRANKLIN G. BALCH, M.D., <i>Assistant in Clinical and Operative Surgery.</i>	
FRED B. LUND, M.D., <i>Assistant in Clinical and Operative Surgery.</i>	
JOHN T. BOTTOMLEY, M.D., <i>Assistant in Clinical and Operative Surgery.</i>	

GEORGE W. W. BREWSTER, M.D., *Assistant in Clinical and Operative Surgery.*

FARRAR COBB, M.D., *Assistant in Clinical and Operative Surgery.*

ERNEST A. CODMAN, M.D., *Assistant in Clinical and Operative Surgery.*

HUGH CABOT, M.D., *Assistant in Operative Surgery.*

ALFRED H. GOULD, M.D., *Assistant in Clinical and Operative Surgery.*

Third year.—Instruction in Clinical Surgery is given at the Massachusetts General and Boston City Hospitals as follows:—

One clinical conference, one lecture, two visits in the hospital wards, and two public operating days each week.

At the conference a student of the the third class presents an elaborate and carefully prepared paper on a surgical case which has been assigned him in the hospital wards. This paper he is obliged to read in the amphitheatre of the Hospital before the whole class, and to defend against their criticism. At the close of the exercise the Professor of Clinical Surgery gives a résumé of the case and his opinions upon it. The students of the second class may attend these exercises preparatory to their active participation in them in their third year.

Practical instruction in anesthesia and the written report of an additional case in Clinical Surgery are also required.

The class is divided into small sections and each student attends, one hour a day for six weeks, the surgical out-patient departments of the B.C.H. and the M.G.H. In this sectional teaching the students have instruction on a number of selected subjects in minor surgery, are brought into personal contact with the patient, and have practical experience in the application of bandages and surgical apparatus. They see a large number of cases of minor surgery, fractures, and dislocations. At the end of six weeks the sections are examined on the selected subjects.

Any student who has completed the work of the first two years may anticipate the required work in minor clinical surgery of the third year by one month of satisfactory work during the summer as assistant in the surgical out-patient department of the Massachusetts General or of the Boston City Hospital. The required examination in minor clinical surgery for such students will be held during the school year at a time which shall not interfere with the regular work of the school.

Fourth year.—The exercises consist of surgical diagnosis at the bedside, one hour a week throughout the year; of two clinical lectures a week at the Massachusetts General and the Boston City Hospitals; and of evening visits of sections of the class at the Massachusetts General Hospital Accident Room to see emergency and accident cases.

The class is divided into small sections and these sections receive instruction three hours a week for six weeks in the surgical wards of the

Massachusetts General and Boston City Hospitals. In this sectional teaching the students have instruction on a number of selected subjects in major surgery, are brought into personal contact with patients at the bedside, and have practical experience in the diagnosis, prognosis, and treatment of surgical cases. At the end of the six weeks they are examined on the selected subjects.

During October there are eight exercises on surgical landmarks by Dr. MONKS. A course also is given by Professor M. H. RICHARDSON for two hours a week during the first half-year on surgical anatomy with special reference to its clinical application.

An elective course in Operative Surgery, in which all the classic and many of the modern operations are illustrated upon the cadaver, is given by the Professor of Clinical Surgery. Members of the third and fourth classes are permitted to attend the demonstrations. Students who elect the course repeat the operations on the cadaver under the supervision of the Professor and a corps of assistants.

THIRD YEAR.

- Clinical Surgery Conference. Professor C. B. PORTER. (M.G.H.) *Once a week, October to April inclusive.* 28
- Clinical lectures. Dr. GAY. (B.C.H.) *Once a week during October and November.* 8
- Asst. Professor BURRELL. (B.C.H.) *Once a week, December to May inclusive.* 24
- Surgical Visits. *In sections of one third of the class, once a week throughout the year, at each hospital, as follows:—*
- Professors C. B. PORTER and WARREN, and Dr. BEACH. (M.G.H.) *Once a week, first half-year.* 16
- Professor M. H. RICHARDSON and Dr. ELLIOT. (M.G.H.) *Once a week, second half-year.* 16
- Asst. Professor BURRELL, and Drs. MONKS, MUNRO, THORNDIKE, NICHOLS, J. B. BLAKE, LUND, and BOTTOMLEY. *Once a week throughout the year.* 32
- Clinical exercises in Out-Patient Departments. Drs. SCUDDER, MUMFORD, NICHOLS, BLAKE, BOTTOMLEY, BALCH, BREWSTER, and CODMAN. *In small sections, daily throughout the year. Each student attends one hour a day for three weeks at each hospital.* 36

FOURTH YEAR.

- Clinical lectures. *Twice a week throughout the year, as follows:—*
- Professor C. B. PORTER. (M.G.H.) *Once a week, first half-year.* 16
- Professor M. H. RICHARDSON. (M.G.H.) *Once a week, second half-year.* 16

Dr. MONKS. (B.C.H.)	<i>Once a week, for two hours, October and November.</i>	16
Asst. Professor BURRELL. (B.C.H.)	<i>Once a week, for two hours, December to May inclusive.</i>	48
Diagnosis in Clinical Surgery. Professor C. B. PORTER. (M.G.H.)	<i>Once a week throughout the year.</i>	32
Surgical emergency cases. (Voluntary.) (M.G.H.)	<i>Every student attends two hours each evening for one week.</i>	12
Surgical landmarks. Dr. MONKS. (H.M.S.)	<i>Twice a week during October.</i>	8
Regional surgery. Professor M. H. RICHARDSON. (H.M.S.)	<i>Twice a week in October, once a week in November, December, and January.</i>	20
Clinical exercises in surgical wards. Drs. MUNRO, SCUDDER, THORNDIKE, MUMFORD, LOTHROP, LUND, C. A. PORTER, COBB, BOTTOMLEY, and GREENOUGH.		

ELECTIVE.

Operative Surgery. Professor C. B. PORTER. (H.M.S.)	<i>Twice a week after January first.</i>	16
Repetition of the course by the students under the direction of Professor C. B. PORTER, and Drs. MONKS, MIXTER, MUNRO, SCUDDER, MUMFORD, BLAKE, LOTHROP, BALCH, LUND, C. A. PORTER, BOTTOMLEY, BREWSTER, COBB, FAULKNER, CODMAN, CABOT, and GOULD. (H.M.S.)	<i>Fifteen hours.</i>	15

Orthopedic Surgery.

EDWARD H. BRADFORD, M.D.,	<i>Assistant Professor of Orthopedics.</i>
ROBERT W. LOVETT, M.D.,	<i>Assistant in Orthopedics.</i>
ELLIOTT G. BRACKETT, M.D.,	<i>Assistant in Orthopedics.</i>
JOEL E. GOLDTHWAIT, M.D.,	<i>Assistant in Orthopedics.</i>
JOHN DANE, M.D.,	<i>Assistant in Orthopedics.</i>

Fourth year. — A required course is given, consisting of lectures at the Medical School and clinical exercises at the Children's Hospital. There is also an elective course, consisting entirely of clinical work.

FOURTH YEAR.

Lectures. Asst. Professor BRADFORD. (H.M.S., and Ch.H.)	<i>Once a week, first half-year.</i>	16
Clinical exercises. Asst. Professor BRADFORD, and Drs. LOVETT, BRACKETT, GOLDTHWAIT, and DANE. (Ch.H.)	<i>In sections, twice a week, first half-year. Three exercises for each student.</i>	3

ELECTIVE.

Clinical exercises. Asst. Professor BRADFORD. (Ch.H.) *Twice a week, second half-year.* 32

Also in sections four times a week, second half-year. (Every student measures for apparatus twice, and assists at operations two or three times.) 8

Obstetrics and Gynaecology.

WILLIAM L. RICHARDSON, M.D., *Professor of Obstetrics.*

FRANCIS H. DAVENPORT, M.D., *Assistant Professor of Gynaecology.*

CHARLES M. GREEN, M.D., *Assistant Professor of Obstetrics.*

GEORGE HAVEN, M.D., *Instructor in Gynaecology.*

MALCOLM STORER, M.D., *Assistant in Gynaecology.*

FRANK A. HIGGINS, M.D., *Instructor in Obstetrics.*

FRANKLIN S. NEWELL, M.D., *Assistant in Obstetrics and Assistant in Gynaecology.*

ERNEST B. YOUNG, M.D., *Assistant in Gynaecology.*

HOWARD T. SWAIN, M.D., *Assistant in Obstetrics.*

LEO V. FRIEDMAN, M.D., *Assistant in Obstetrics.*

OBSTETRICS.

Third year. — Instruction is given by lectures, recitations, conferences, and clinical teaching. Students are required to take charge of at least six cases of labor, to receive clinical instruction on at least one of them, to care for their patients during the convalescence, and to make full written reports of the cases. Many of these reports are read at the conferences and discussed by the class and the instructors.

Fourth year. — An elective course in operative obstetrics, with practical illustrations on the cadaver and manikin, is given during the first half-year.

Text-book. — Hirst, *A Text-book of Obstetrics.*

Collateral Reading. — Reynolds, *Practical Midwifery.* Lusk, *The Science and Art of Midwifery.* Grandin and Jarman, *Practical Obstetrics.* Dorland, *Modern Obstetrics.*

THIRD YEAR.

Lectures on the theory and practice of obstetrics. Professor W. L. RICHARDSON. (H.M.S.) *Twice a week.* 64

Recitations. Dr. HIGGINS. (H.M.S.) *Once a week.* 32

Conferences. Professor W. L. RICHARDSON, Asst. Professor C. M. GREEN, and Drs. HIGGINS, NEWELL, SWAIN, and FRIEDMAN. (H.M.S.) *Once a week.* 32

Clinical obstetrics. Professor W. L. RICHARDSON and Asst. Professor C. M. GREEN. (B.L.H.) *In sections, twice a week for five months. Every student receives four hours of instruction.* 4

Practical instruction in clinical obstetrics. Drs. HIGGINS, NEWELL, SWAIN, and FRIEDMAN. *Throughout the year, i.e. every student must receive instruction on one of the six cases of labor which he attends, and may call for instruction in the other five cases if he desires.*

ELECTIVE.

Operative obstetrics. Asst. Professor C. M. GREEN. (H.M.S.) *Twelve practical exercises, November, December, and January.* 12

Repetition of the same exercises by the students under the supervision of Drs. HIGGINS, NEWELL, SWAIN, and FRIEDMAN. *Three two-hour exercises for each student.* 6

GYNAECOLOGY.

Third year. — Lectures, recitations, and clinical instruction are given at the Boston City Hospital and the Boston Dispensary. The large out-patient departments of these institutions are utilized to accustom the student to the methods of examination, to the perfecting of diagnosis, and to the simple forms of treatment.

Fourth year. — An elective course is offered. The instruction is more advanced. Clinical and operative instruction is given in the wards of the Boston City Hospital. Cases are assigned to the students for examination, are reported in full at conferences held once a week, and are discussed by members of the class and by the instructors.

Text-book. — Garrigues, Diseases of Women.

Collateral Reading. — Skene, Diseases of Women. Davenport, Diseases of Women. Winckel, Diseases of Women. Emmet, Principles and Practice. Dudley, Diseases of Women. Byford, Manual of Gynaecology. Penrose, Textbook of Diseases of Women.

THIRD YEAR.

Lectures or recitations. Asst. Professor DAVENPORT. (H.M.S.) *Twice a week, first half-year.* 32

Clinical exercises. Drs. HAVEN and STORER (B.D.), Drs. NEWELL and YOUNG (B.C.H.). *In sections, six times a week till January, then three times a week. Every student receives six hours of instruction.* 6

FOURTH YEAR ELECTIVE.

Clinical and operative exercises. Asst. Professor C. M. GREEN. (B.C.H.) *Twice a week throughout the year.* 64

Clinical conferences. Asst. Professor C. M. GREEN. (H.M.S.) *Once a week, second half-year.* 16

Dermatology and Syphilis.

JOHN T. BOWEN, M.D., *Assistant Professor of Dermatology.*

ABNER POST, M.D., *Instructor in Syphilis.*

CHARLES J. WHITE, M.D., *Instructor in Dermatology.*

CHARLES M. SMITH, M.D., *Assistant in Syphilis.*

DERMATOLOGY.

Third year.—A combined course of systematic lectures and clinics extends throughout the year.

Fourth year.—An elective course is given; the instruction is clinical. The out-patient department at the Massachusetts General Hospital furnishes ample means of illustration. In connection with the work a special laboratory course is given on the pathological histology and parasitism of skin diseases, and on the methods of research employed.

Collateral Reading.—Stelwagon. Duhring. Hyde. Robinson. Crocker. Kaposi. v. Ziemssen. Besnier. Van Harlingen. Jackson. Taylor.

THIRD YEAR.

Lectures on diseases of the skin.	Assistant Professor BOWEN.	(H.M.S.)	
<i>Once a week.</i>			32
Clinical dermatology.	Assistant Professor BOWEN.	(M.G.H.)	<i>Once a week.</i>
			32

FOURTH YEAR ELECTIVE.

Clinical dermatology.	Dr. WHITE.	(M.G.H.)	<i>Twice a week.</i>	64
Laboratory instruction in pathological histology and parasitism.	Assistant Professor BOWEN and Dr. WHITE.	<i>(An optional course open to those who elect Clinical Dermatology.)</i>		
			<i>Eight exercises of two hours each, during second half-year.</i>	16

SYPHILIS.

Fourth year.—Lectures and clinical instruction are given at the Boston Dispensary.

FOURTH YEAR.

Didactic and clinical lectures.	Dr. POST.	(B.D.)	<i>Once a week, first half-year.</i>	16
Clinical exercises.	Drs. POST and SMITH.	(B.D.)	<i>In sections, three times a week, first half-year. Each student attends six two-hour exercises.</i>	12

Neurology.

JAMES J. PUTNAM, M.D., *Professor of Diseases of the Nervous System.*
 GEORGE L. WALTON, M.D., *Clinical Instructor in Diseases of the Nervous System.*

PHILIP COOMBS KNAPP, M.D., *Clinical Instructor in Diseases of the Nervous System.*

GEORGE A. WATERMAN, M.D., *Assistant in Neurology.*

Second year. — Instruction is given during December on the pathology of the nervous system. The course is illustrated by lantern projections of histological preparations and by work in the laboratory.

Third year. — During the first half-year one lecture a week, and during the second half-year two lectures a week, are given at the Massachusetts General Hospital. The lectures are illustrated by cases from the large and excellent out-patient service, and from the medical and surgical wards of the hospital. In addition, the students are given an opportunity to study cases outside the lecture hours, and to report on them.

Fourth year. — Elective course. Every student receives two to three hours of clinical instruction a week, and has access to the clinical material furnished by the Massachusetts General and the Boston City Hospitals.

Collateral Reading. — Gowers, *Diseases of the Nervous System.* Dana, *Text-book of Nervous Diseases.* Herter, *Manual of Diagnosis of Nervous Diseases.* Sachs, *Nervous Diseases of Children.* Mills, *The Nervous System and Its Diseases.* Oppenheim, *Diseases of the Nervous System* (English translation). Berkeley, *Mental Diseases.* Church and Petersen, *Nervous and Mental Diseases.* Jacob, *Atlas of the Nervous System.*

SECOND YEAR.

Pathology of the nervous system. Dr. TAYLOR. (H.M.S.) *Fifteen exercises during December.* (See Pathology.) 45

THIRD YEAR.

Clinical exercises. Professor PUTNAM. (M.G.H.) *Once a week, first half-year; twice a week, second half-year.* 48

FOURTH YEAR ELECTIVE.

Clinical exercises. Professor PUTNAM. (M.G.H.) *Once a week, first half-year.* 16

Dr. WALTON. (M.G.H.) *Twice a week, first half-year.* 32

Dr. KNAPP. (B.C.H.) *Twice a week, second half-year.* 32

Psychiatry.

EDWARD COWLES, M.D., LL.D., *Clinical Instructor in Mental Diseases.*

EDWARD B. LANE, M.D., *Clinical Instructor in Mental Diseases.*

Third year.—Systematic lectures are given at the Medical School during the second half-year.

Fourth year.—Optional course. Clinical instruction is given twice a week during February, March, and April at the new McLean Hospital at Waverley, and at the Boston Insane Hospital (Pierce and Austin Farms).

Text-books.—Clouston. Folsom, Monograph in Pepper's System of Medicine. Regis. Chapin.

Collateral Reading.—J. Bevan Lewis. Spitzka. Tuke, Dictionary of Psychiatric Medicine. Kraepelin, Psychiatrie. Hyslop, Mental Physiology. James, Psychology.

THIRD YEAR.

Lectures. Dr. COWLES. (H.M.S.) *Once a week, second half-year.* 16

FOURTH YEAR. OPTIONAL COURSE.

Clinical instruction. Dr. COWLES. (McL.H.) *Once a week during February, March, and April.* 12

Dr. LANE. (B.I.H.) *Once a week during February, March, and April.* 12

Ophthalmology.

OLIVER F. WADSWORTH, M.D., *Williams Professor of Ophthalmology.*

MYLES STANDISH, M.D., *Instructor in Ophthalmology.*

EDWIN E. JACK, M.D., *Assistant in Ophthalmology.*

ALEXANDER QUACKENBOSS, M.D., *Assistant in Ophthalmology.*

EDMUND W. CLAP, M.D., *Assistant in Ophthalmology.*

FRED M. SPALDING, M.D., *Assistant in Ophthalmology.*

Fourth year.—Instruction consists of lectures at the Medical School, and of clinical demonstrations at the Massachusetts Charitable Eye and Ear Infirmary.

The elective course consists of clinical work at the Massachusetts Charitable Eye and Ear Infirmary.

Text-books.—DeSchweinitz. Fuchs. Swanzy. Jackson.

Collateral Reading.—Loring, On the Ophthalmoscope. Landolt, Refraction and Accommodation. Noyes. Norris and Oliver, System of Diseases of the Eye.

FOURTH YEAR.

Lectures. Professor WADSWORTH. (H.M.S.) *Twice a week, in October and November.* 16

Clinical exercises. Professor WADSWORTH, and Drs. STANDISH, JACK, QUACKENBOSS, CLAP, and SPALDING (E. and E.I.). *In sections. eight hours a week, first half-year. Every student receives fourteen hours of instruction.* 14

ELECTIVE.

Clinical exercises. Professor WADSWORTH. (E. and E.I.) *Two two-hour exercises a week, second half-year.* 64

Otology.

CLARENCE J. BLAKE, M.D., *Professor of Otology.*

J. ORNE GREEN, M.D., *Clinical Professor of Otology.*

EUGENE A. CROCKETT, M.D., *Assistant in Otology.*

PHILIP HAMMOND, M.D., *Assistant in Otology.*

Fourth year.—Lectures and clinical instruction are given at the Massachusetts Charitable Eye and Ear Infirmary.

Text-books.—Bacon, Manual of Otology. Brühl and Politzer, Wand-atlas; Otology. Politzer, by Dalby.

Collateral Reading.—Schwartz, Handbuch der Ohrenheilkunde.

FOURTH YEAR.

Lectures. Professor C. J. BLAKE. (H.M.S.) *Twice a week during October.* 8

Professor J. O. GREEN. (H.M.S.) *Five times in November.* 5

Professor C. J. BLAKE or Professor J. O. GREEN. (H.M.S.) *Twice a week during December.* 8

Clinical exercises. Professors C. J. BLAKE and J. O. GREEN. (E. and E.I.) *In sections, two hours, three times a week, first half-year. Every student attends four or five exercises.* 8-10

Anatomy of the ear. Dr. HAMMOND. (H.M.S.) *Two recitations a week during October. One exercise for each student.* 1

ELECTIVE.

Clinical exercises. Professors C. J. BLAKE and J. O. GREEN, and Drs. CROCKETT and HAMMOND. (E. and E.I.) *Three two-hour exercises a week, second half-year.* 96

Laryngology and Rhinology.

THOMAS A. DEBLOIS, M.D., *Clinical Instructor in Laryngology.*

JOHN W. FARLOW, M.D., *Clinical Instructor in Laryngology.*

ALGERNON COOLIDGE, JR., M.D., *Clinical Instructor in Laryngology.*

Fourth year. — Instruction in this department consists of lectures and demonstrations, and of training in the use of instruments. The entire class has one lecture a week during the first half-year. For the practical work at the Massachusetts General and Boston City Hospitals, and the Boston Dispensary, the class is divided into small sections.

FOURTH YEAR.

Lectures. Dr. COOLIDGE. (H.M.S.) *Once a week, first half-year.* 16
Clinical exercises. Drs. DEBLOIS (B.C.H.), FARLOW (B.D.), and COOLIDGE (M.G.H.). *In sections, first half-year. Twelve exercises for each student.* 12

Legal Medicine.

FRANK W. DRAPER, M.D., *Professor of Legal Medicine.*

EDWIN W. DWIGHT, M.D., *Instructor in Legal Medicine.*

Fourth year. — Instruction consists of lectures and medico-legal demonstrations three times a week during the first half-year.

Text-book. — Taylor, Manual of Medical Jurisprudence.

Collateral Reading. — Witthaus and Becker.

FOURTH YEAR.

Lectures and medico-legal demonstrations. Professor DRAPER. (H.M.S. and B.C.H.) *Three times a week, first half-year.* 48

Hygiene.

CHARLES HARRINGTON, M.D., *Assistant Professor of Hygiene.*

DAVID H. WALKER, M.D., *Assistant in Hygiene.*

Fourth year. — The instruction consists of lectures and demonstrations. The elective laboratory course is open to specially qualified students who may be desirous of undertaking special research, or of acquiring a practical knowledge of the analysis of foods, water, air, soils, etc.

Text-book. — Harrington, Practical Hygiene.

Collateral Reading. — Notter and Firth, Hygiene. Manson, Tropical Diseases. Newsholme, Vital Statistics. Mason, Water Supply. Abbott, Hygiene of Transmissible Diseases.

FOURTH YEAR.

Lectures and demonstrations. Asst. Professor HARRINGTON. (H.M.S.)
Three times a week, second half-year. 48

ELECTIVE.

Laboratory course for specially qualified students. Asst. Professor
 HARRINGTON and Dr. WALKER. (H.M.S.) *Three hours, three times
 a week, second half-year.* 144

Municipal Sanitation.

SAMUEL H. DURGIN, M.D., *Lecturer on Hygiene.*

FOURTH YEAR. OPTIONAL COURSE.

Lectures. Dr. DURGIN. (H.M.S.) *Twice a week, February and
 March.* 16

EXAMINATIONS.

The final examination in every required subject is held at the close either of the first or of the second term of the school year. The examination, therefore, in every subject occurs once a year, but an opportunity to make up failures in examinations is offered at the opening of the school year. The examination in certain studies of the first and fourth years is held at *mid-year* only, and is for those who are members of the School at the time, and for those entitled to apply for the degree, provided they have failed previously in those subjects. The *June examination* is only for those who are members of the School at the time, and for those entitled to apply for the degree. The *September examination* is only for those who have been examined previously and have failed in the subject of the examination, or for applicants for advanced standing. In some subjects a portion of the examination consists of practical work in the laboratory.

The exercises of the first, second, and fourth years are omitted during the week of the mid-year examinations.

The amount of time credited to each examination is as follows:—

First year.—Anatomy* (4 hrs.), Histology* (1 hr.), Physiology (3 hrs.), Physiological and Pathological Chemistry (3 hrs.).

Second year.—Bacteriology* (1 hr.), Pathology* (2 hrs. written, 1 hr. practical), Anatomy (2 hrs.), Clinical Chemistry (2 hrs.), Materia Medica and Therapeutics (2 hrs.).

Third year.—Theory and Practice (3 hrs.), Pediatrics (2 hrs.), Surgery (2 hrs. written, 1 hr. practical), Obstetrics (3 hrs.), Gynaecology (1 hr.), Dermatology (1 hr.), Neurology (1 hr.), Psychiatry (1 hr.).

* The examinations in these subjects are held at the end of the first half-year.

Fourth year. — Clinical Medicine (3 hrs.), Clinical Surgery (3 hrs.), Orthopedics* (1 hr.), Syphilis* (1 hr.), Ophthalmology*† (1 hr.), Otology* (1 hr.), Laryngology* (1 hr.), Legal Medicine* (1 hr.), Hygiene (1 hr.).

Electives. — Anatomy (2 hrs.), Advanced Histology (2 hrs.), Histology of the Nervous System (2 hrs.), Embryology (2 hrs.), Physiology (2 hrs.), Physiological Chemistry (2 hrs.), Clinical Chemistry* (1 hr.), Bacteriology (2 hrs.), Comparative Etiology of Infectious Diseases (1 hr.), Clinical Microscopy (1 hr.), Operative Surgery (1 hr.), Orthopedics (2 hrs.), Operative Obstetrics* (1 hr.), Gynaecology (2 hrs.), Dermatology (2 hrs.), Neurology (2 hrs.), Ophthalmology (Practical, 1 hr., written, 1 hr.), Otology (2 hrs.), Hygiene (2 hrs.).

In addition to the above examinations every student is required: —

To dissect the three parts of the body to the satisfaction of the demonstrator;

To present a satisfactory report of the analysis of a specimen of urine, and of the clinical examination of a specimen of blood;

To examine and report on a case of fracture and on two other clinical cases in Surgery, and to receive practical instruction in anesthesia;

To work in medical out-patient departments during a period not exceeding four weeks, and to make a full written report on one or more medical cases;

To receive instruction in sections in selected subjects in minor surgery for one hour a day for six weeks in surgical out-patient departments, and in major surgery for three hours each week for six weeks in the wards of a hospital;

To take charge of and report on six cases in Obstetrics, and to receive instruction on at least one of them;

To furnish satisfactory evidence of having engaged in the practical exercises in Theory and Practice;

To report a clinical case in each of the electives, Orthopedic Surgery and Ophthalmology, if elected.

In the fourth year, three hours of examinations in electives are obligatory. *The choice of electives must be made within the first week of the School year, and must be given to the Secretary in writing on blanks furnished at the Dean's office.*

The general elective courses are open to all members of the fourth class who elect them with the intention of taking the examination.

The examinations in the required courses in Orthopedic Surgery, Ophthalmology and Otology cannot be taken by those who choose electives in

* The examinations in these subjects are held at the end of the first half-year.

† In addition to the written examination in Ophthalmology, there will be a practical examination which will count as forty per cent. of the total.

these subjects.. Instead, there is a two-hour examination in the elective, of which one hour is considered equivalent to the examination in the required course, and the other counts as a one-hour elective.

The examination in elective Ophthalmology will be clinical and include the written report of a case.

Candidates for the degree who have served satisfactorily as Internes in the Massachusetts General Hospital, Boston City Hospital, Carney Hospital, Children's Hospital, and State Almshouse Hospital, for a period of not less than one year, may be exempt from examination in the electives of the fourth year.

No student is allowed to anticipate the examinations in the regular course of studies of his year, except by special permission of the Faculty, nor shall an undergraduate in medicine be allowed to take the examination in Advanced (2d yr.) Anatomy until he shall have passed the examination in Elementary (1st yr.) Anatomy.

After two failures to pass in any subject a charge of three dollars is made for each subsequent examination in that subject.

DEGREES.

DEGREE OF DOCTOR OF MEDICINE.

Every candidate for the degree of Doctor of Medicine at this University must be at least twenty-one years of age, and of good moral character. He must fulfil all the requirements for admission to this Medical School; must give evidence of having studied in a recognized Medical School at least four full years, of which one year must be spent at this School; must pass all required examinations, and fulfil satisfactorily the special requirements enumerated on page 49.

The degree of Doctor of Medicine will be given to those candidates who fulfil the above requirements. The degree of Doctor of Medicine *cum laude* will be given to candidates who have obtained an average of eighty per cent., or over, in all the required examinations.

Candidates for the degree must make application for it in writing, on blanks furnished at the Dean's office, on or before May 31 of the year in which they propose to graduate.

Candidates for the degree of Doctor of Medicine are not required to present a thesis; but they may present a voluntary thesis which, if of conspicuous merit, may receive honorable mention; if the thesis is also of a suitable character, it may be read at the Commencement exercises. Theses must be completed and delivered to the Dean on or before the first day of June.

A graduate of another medical school of recognized standing may obtain the degree of Doctor of Medicine at this University by fulfilling

all the requirements for undergraduates above mentioned; but he may take the examination in any subject only at the times when regularly it is held, that is, in September, at the mid-year, or in June.

DEGREE OF MASTER OF ARTS.

The degree of MASTER OF ARTS is open to graduates of the Harvard Medical School who are also Bachelors of Arts of Harvard College, and to Bachelors of Arts of other Colleges who shall be recommended by the Faculty of Arts and Sciences of Harvard College. Candidates must pursue an approved course of study in Medicine for at least one year after taking the degree of Doctor of Medicine. Applications for approval of the course of study offered for this degree must be made to the Administrative Board of the Graduate School on or before the *thirtieth day of April*. It is advisable to apply to the Board *early in the year*.

FEES AND EXPENSES.

The fees are:—For matriculation, *five dollars*; for the first three years, *two hundred dollars* for each year (if in two payments, at the first, one hundred and twenty dollars; at the second, eighty dollars); for a half-year alone, *one hundred and twenty dollars*; for the full year, to all students entitled to be classified as fourth-year students and who have been regular members of the School for three full years, *one hundred dollars* (if in two payments, at the first, sixty dollars; at the second, forty dollars); for graduation, *thirty dollars*.*

During the first two years there are the following additional expenses: two dollars for each of the three parts required for dissection; two dollars for laboratory materials in Histology; three dollars for physiological material; and a maximum of five dollars a year for chemical material, in addition to the charge for breakage of glass apparatus. Students who pay in advance are required to deposit with the Bursar six dollars to cover Anatomy charges, two dollars for Histology, and fifteen dollars for Chemistry and Physiology. The balances of these deposits are returnable at the end of the year.

A deposit of two dollars with the Dean will entitle a student to the use of a locker in the School building.

A student who wishes to rent a microscope of the School can do so upon payment of three to six dollars a half-year.

In the fourth year a charge of three dollars is made for material used in the course in Operative Surgery.

Students who do not pay in advance are required to file with the Bursar a bond for *three hundred dollars*, executed by two sufficient bondsmen (one of whom must be a citizen of the United States), or by a surety company qualified to do business in Massachusetts. All students are

* Students entering the School after the academic year 1902-03 shall pay a fee of \$200 for the fourth year and be exempt from a graduation fee.

advised to deposit bonds. Blank forms may be obtained from the Secretary of the Faculty or from the Bursar. No officer or student of the University is accepted as a bondsman. To students depositing bonds, term-bills will be presented February 1st, to be paid on or before February 21st; and also one week or more before Commencement, to be paid on or before the beginning of the next academic year. Such students will be held responsible for the payment of fees until they have notified the Dean, in writing, of their intention to withdraw from the School, and have subsequently received their bond from the Bursar.*

Whenever a student is obliged to withdraw from the School before the last four weeks of a half-year, for no misdemeanor, but for good and sufficient reason, to be determined in all cases by the Faculty, it shall be recommended that he be entitled to a remission of three-fourths of the amount due for that portion of the time during which he receives no instruction. This remission will date from the reception by the Dean of a written notice of the student's withdrawal from the School.

No degree will be conferred till all dues to the School are discharged.

The student's general expenses may be reduced, in accordance with his means, to the standard which prevails in other cities. A list of boarding places, at various prices, can be obtained at the rooms of the Young Men's Christian Association, corner of Berkeley and Boylston Streets, and the rooms of the Young Men's Christian Union, No. 48 Boylston Street, Boston.

CLINICAL ADVANTAGES.

The Medical Department of the University is established in Boston, in order to secure for Anatomy, Pathology, and the various Clinical Subjects those advantages which are found only in large cities.

There are Hospital visits or operations daily.

The Massachusetts General Hospital. — During the past year, more than five thousand patients were treated in the wards, and over thirty thousand in the out-patient departments. Patients are received from all parts of the United States and the Provinces, and are visited by the students, with the attending physicians and surgeons, on four days in the week. Operations are numerous, and are performed in the amphitheatre, which is provided with seats for 400 persons. Clinics in the following special branches have been established in connection with the out-patient department: Dermatology, Laryngology, Diseases of the Nervous System, and Ophthalmology. The Dalton scholarship of \$500 is open to the house pupils.

The Boston City Hospital. — During the past year, about nine thousand cases were treated in its wards, and twenty-two thousand in its various

* The Bursar's office is in Dane Hall, Harvard Square, Cambridge. Hours 9-1.

out-patient departments. The medical wards always contain many cases of acute diseases, and changes are taking place constantly. The opportunities for seeing fractures, injuries, and traumatic cases of all kinds are excellent, since, on an average, eight hundred street accidents are treated yearly. Surgical operations are performed in the amphitheatre. There are special services for diseases of women, of the eye, the ear, the skin, and the nose and throat. Diseases of women and of the nervous system are also largely treated in the out-patient department. Clinical instruction is given by the physicians and surgeons two or more times a week.

In these two hospitals the facilities for witnessing Operative Surgery are unsurpassed. Twice a week operations are performed in the presence of the class. The number of these operations is large, reaching nearly two thousand a year. The variety is great, embracing every surgical disease and injury, including the surgical operations on the eye and ear.

The Boston Lying-in Hospital.—More than six hundred patients were confined during the last year in the Hospital. In the out-patient department over sixteen hundred cases were attended by the hospital Externes, who are appointed from the third and fourth year students. Clinical instruction is given in these cases by the physicians to out-patients and by the house physicians.

The Boston Dispensary.—More than forty thousand patients were treated at this public charity during the past year. A new building has lately been erected at a cost of \$50,000, where students have ample and excellent opportunity for seeing practical work in the diagnosis and treatment of cases illustrating the various branches of Medicine and Surgery.

The Infants' Hospital.—The wards of the Hospital are devoted entirely to children under two years of age. About three thousand children of all ages are treated annually in the out-patient department. The material of the Hospital is used throughout the year for teaching both students and graduates.

Children's Hospital.—During the past year more than seven hundred cases were treated in the wards and about seventy-six hundred in the out-patient departments. Instruction in orthopedic surgery and in the general diseases of children is given by members of the hospital staff.

The Massachusetts Charitable Eye and Ear Infirmary.—Over twenty-thousand patients were treated at this institution during the past year. These cases present every variety of disease of the ear and eye, and supply a large number of operations. A new and enlarged hospital, considered to be one of the best of its kind in the world, has been erected on land adjoining the Massachusetts General Hospital. It is believed that this building will provide adequately for the proper treatment of the constantly increasing number of patients.

Long Island Hospital, Boston Harbor.—This Hospital is designed particularly for the treatment of chronic diseases. It has two hundred and fifty beds, with an average daily number of patients of about two hundred and thirty. It has marked advantages for the study of syphilis, tuberculosis, diseases of the nervous system, and chronic diseases of the heart and of the kidneys. The number of autopsies is annually about 50 per cent. of the deaths, a fact which affords an unusual opportunity for the study of pathological anatomy. The material in the Hospital is used for clinical instruction by the members of the Visiting Staff.

Students are also permitted to visit the Free Hospital for Women and the Carney Hospital on application to the physicians on duty.

There are more than sixty appointments annually for Internes in the various hospitals, and nearly as many more for Assistants in the outpatient departments. Appointments for the Massachusetts General and Boston City Hospitals are for terms of one to two years (according to the service chosen); for the Boston Lying-in Hospital for six months; and for the Free Hospital for Women for nine months.

WARREN ANATOMICAL MUSEUM.

The Warren Anatomical Museum was founded in 1847 by JOHN COLLINS WARREN, of the College Class of 1797, Adjunct Professor of Anatomy and Surgery from 1809 to 1815, Hersey Professor of Anatomy and Surgery from 1815 to 1847, Professor *Emeritus* from 1847 to his death in 1856, son to JOHN WARREN, the first Hersey Professor of Anatomy and Surgery. This important Museum is open to students in the School, and its collections are used in demonstration of the lectures. Its Curator is Dr. WILLIAM FISKE WHITNEY.

The collection has about nine thousand specimens, illustrating both normal and pathological anatomy and *materia medica*. These are placed in the hands of the student at any time during the day, upon application to the Curator.

Besides dissections and serial sections of many bones, the anatomical collection includes many corrosion preparations, plaster and papier maché models of bones, organs, and various parts of the body, and frozen sections.

The pathological collection is being constantly enlarged by the addition of numerous specimens, preserved in their natural colors by Kaiserling's method.

LIBRARIES.

Medical School students who are engaged in research work have access to the special libraries of the various departments on application to the persons in charge.

The College Library at Cambridge is open to the students of this School.

The Boston Public Library, which contains a large collection of medical books, is open to students who are inhabitants of Boston. Students, not inhabitants of Boston, who have filed a bond at the Bursar's office, or deposited with the Bursar the sum of fifty dollars, may also use this library. The Bursar will furnish on application the necessary certificate of bond or deposit.

The Boston Medical Library has nearly 35,000 volumes, about half of which are periodicals, and 30,000 pamphlets. Nearly 500 current journals and transactions are on file. There is a good reference library of modern books, including encyclopaedias, systems, etc. The Library is open daily except Sundays and holidays, from 9 A.M. to 6 P.M. It is also open Tuesday and Friday evenings from 7 to 10, except during July and August. It has always been free to medical students.

FELLOWSHIPS AND SCHOLARSHIPS.

FELLOWSHIPS.

BULLARD FELLOWSHIPS. In 1891, WILLIAM STORY BULLARD, of Boston, gave the sum of fifteen thousand dollars for the establishment of three fellowships of five thousand dollars each "in memory of three physicians who were distinguished for their honorable personal character and for their professional services in this community". Accordingly the three following fellowships were established with a yearly income of two hundred and twenty-five dollars each:—

THE GEORGE CHEYNE SHATTUCK MEMORIAL FELLOWSHIP.

THE JOHN WARE MEMORIAL FELLOWSHIP.

THE CHARLES ELIOT WARE MEMORIAL FELLOWSHIP.

The income from any one or all of these fellowships may be paid to any student or member of the medical profession who shall be selected by the Administrative Board of the Medical School to make such original investigations in Medical Science as in their opinion will be most useful to the profession and to the community. The results of such investigations shall not, however, be published as a research performed under the grant of a Bullard Fellowship, unless the work shall have received the

approval of the Committee. If published with the approval of the Committee, mention shall be made of the fact that the work was done under a Bullard Fellowship.

Holders of Bullard Fellowships are required to do an amount of work equivalent to not less than ten hours a week throughout the academic year and to present to the Committee at the end of the academic year a report on the amount and result of the work performed.

Applications for the Bullard Fellowships must be handed to the Dean on or before October 1.

AUSTIN FELLOWSHIPS. In 1900, four teaching fellowships, of five hundred dollars each, were established from the income of the Austin Fund.

SCHOLARSHIPS.

The Cheever Scholarship is awarded to a student of the first year class. The Hayden Scholarship may be so awarded. All the other Scholarships are awarded to members of the three upper classes.

BARRINGER SCHOLARSHIPS. Two, known as the Edward M. Barringer Scholarship No. 1, and the Edward M. Barringer Scholarship No. 2, and having a yearly income of three hundred dollars and two hundred dollars respectively, from a bequest of Edward M. Barringer, will be awarded to deserving students, preferably those of the fourth class.

DAVID WILLIAMS CHEEVER SCHOLARSHIP, with an income of two hundred and fifty dollars, was founded in 1889 by David Williams Cheever, M.D., LL.D., of Boston, of the Class of 1852. It is to be awarded to a poor and meritorious student of the first year, after three months' probation in the Medical School.

ISAAC SWEETSER SCHOLARSHIP was founded in 1892 by Mrs. Anne M. Sweetser. The income of two hundred and fifty dollars is to be "devoted to the aid of poor students of ability who would not otherwise be able to continue the studies necessary for their profession".

CLAUDIUS M. JONES SCHOLARSHIP, with an income of two hundred and fifty dollars, is from a bequest of six thousand dollars by Claudius Marcellus Jones, of the Class of 1866, M.D. 1875.

ORLANDO W. DOE SCHOLARSHIP. The bequest of ORLANDO WITHERSPOON DOE (A.B. 1865, M.D. 1869) was five thousand dollars. One half of the income derived therefrom, amounting to one hundred dollars, "is to be given annually as a scholarship to a deserving student in the Medical department".

CHARLES PRATT STRONG SCHOLARSHIP, with an income of one hundred dollars, was founded in 1894 by friends and patients of the late Charles Pratt Strong, of the Class of 1876, M.D. 1881.

THE LEWIS AND HARRIET HAYDEN SCHOLARSHIP for colored students was founded in 1894 from a bequest of Mrs. Harriet Hayden. The income is two hundred dollars.

ALFRED HOSMER LINDER SCHOLARSHIP, with an income of two hundred dollars, was founded in 1895 by Mrs. George Linder. It is to be awarded to a needy student who shall have proven himself to be of sound principles and marked ability.

JOSEPH EVELETH SCHOLARSHIPS. Three Scholarships with an annual income of two hundred dollars each. Founded from the residuary bequest of thirty-seven thousand eight hundred and ninety-seven dollars and fourteen cents, made by Joseph Eveleth, of Boston, "for aiding deserving and indigent young men in obtaining an education in said College or any of the schools connected therewith". Three Scholarships on this foundation have been assigned to the Harvard Medical School.

EDWARD WIGGLESWORTH SCHOLARSHIP, with an income of two hundred dollars, was founded in 1897 by the family of the late Edward Wigglesworth, of the Class of 1861, M.D. 1865, the yearly income of the fund to be paid to such needy and deserving students of the Medical School as the Medical Faculty shall annually recommend.

HILTON SCHOLARSHIPS. Two Scholarships, with an income of two hundred and twenty-five dollars each, were founded in 1897 from a bequest of William Hilton.

CHARLES B. PORTER SCHOLARSHIP, with an income of two hundred dollars, was founded in 1897 from a bequest of five thousand dollars by William L. Chase.

FACULTY SCHOLARSHIPS. Four scholarships, with an income of two hundred dollars each, have been established by the Faculty, and are open to meritorious students who have been at the School for at least one year. Only those students needing assistance are expected to apply; and of such, those holding the highest rank will have the preference. Holders of Faculty scholarships may be required to render assistance in laboratory courses to an amount not exceeding four hours a week.

THE JOHN THOMSON TAYLOR SCHOLARSHIP, with an income of two hundred dollars, was founded in 1899 by Mrs. Frederic D. Philip in memory of her brother, John Thomson Taylor, who died in 1889. He was a student of the Medical School from 1887 to 1889.

LUCIUS F. BILLINGS SCHOLARSHIP, with an income of two hundred dollars, was founded in 1900 from a bequest under the will of Lucius F. Billings.

COTTING GIFT. The income of a fund received from the late Dr. Benjamin E. Cotting will be given to such medical student or students as the Medical Faculty may select, having regard to the pecuniary needs, intellectual capacity, faithfulness and earnest endeavor, rather than to highest scholarship merely. The amount to be awarded annually will be one hundred and twenty-five dollars.

The income of the **JOHN FOSTER FUND**, amounting to about one hundred and fifty dollars, is payable every other year to one or more meritorious students needing assistance. The next payment will be made in 1904.

All applications for scholarships or pecuniary aid, except for the Cheever and Hayden Scholarships, must be handed to the Dean on or before *May 30*.

Applications for the Cheever and Hayden Scholarships must be handed to the Dean on or before *November 29*. These scholarships are open only to students who are members of the school at the time of application.

Blank forms, on which all applications for pecuniary aid must be made, may be obtained of the Dean.

PRIZES.

Boylston Medical Prizes.—These prizes, which are open to public competition, are offered annually for the best dissertations on questions in medical science proposed by the Boylston Medical Committee.

At the annual meeting held in Boston in 1902 a prize was awarded to Robert L. Randolph, M.D., of Baltimore, Md., for an essay entitled *The Role of the Toxins in Inflammations of the Eye*.

For 1903 two prizes are offered :—

1. A prize of seventy-five dollars for the best dissertation on *The results of Original Work in Anatomy, Physiology, or Physiological Chemistry*. The subject to be chosen by the writer.

2. A prize of seventy-five dollars for the best dissertation on *The results of Original Investigations in Pathology, Therapeutics, or Pharmacology*. The subject to be chosen by the writer.

Dissertations on these subjects must be sent post-paid to E. H. NICHOLS, M.D., Harvard Medical School, Boston, Mass., on or before *January 1, 1903*.

For 1904 two prizes are offered :—

1. A prize of seventy-five dollars for the best dissertation on *The results of Original Work in Anatomy, Physiology, or Physiological Chemistry*. The subject to be chosen by the writer.

2. A prize of seventy-five dollars for the best dissertation on *The results of Original Investigations in Pathology, Therapeutics, or Pharmacology*. The subject to be chosen by the writer.

Dissertations on these subjects must be sent to the same address as above on or before *January 1, 1904*.

In awarding these prizes preference will be given to dissertations which exhibit original work, but if no dissertation is considered worthy of a prize, the award may be withheld.

Each dissertation must bear in place of its author's name some sentence or device, and must be accompanied by a sealed packet bearing the same sentence or device, and containing within the author's name and residence. *Any clew by which the authorship of a dissertation is made known to the Committee will debar such dissertation from competition.*

Dissertations must be printed or typewritten, and their pages must be bound in book form.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, with the sealed packet unopened, if called for within one year after they have been received.

By an order adopted in 1826, the Secretary was directed to publish annually the following votes:—

1. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which premiums may be adjudged.

2. That in case of publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith.

The Boylston Medical Committee is appointed by the President and Fellows, and consists of the following physicians: WILLIAM F. WHITNEY, M.D., *President*; EDWARD H. NICHOLS, M.D., *Secretary*; HAROLD C. ERNST, M.D., FRANZ PFAFF, M.D., THEOBALD SMITH, M.D., WILLIAM T. PORTER, M.D., FRANKLIN DEXTER, M.D.

The address of the *Secretary* of the Boylston Medical Committee is EDWARD H. NICHOLS, M.D., Harvard Medical School, Boston, Mass.

William H. Thorndike Prize.—A prize of two hundred dollars will be given annually to the author of the best essay on some subject in any branch of Surgery.

The students of the Harvard Medical School and graduates of under five years' standing of any recognized medical school are eligible in competition for this prize.

Each essay must bear in place of its author's name some sentence or device, and must be accompanied by a sealed packet bearing the same sentence or device, and containing within the author's name and resi-

dence. If the author is a graduate, it must also contain the date of his graduation in medicine and the medical school from which he was graduated. Any clew by which the authorship of an essay is made known to the judges will debar such essay from the competition.

The essays must be sent to the Dean of the Harvard Medical School, 688 Boylston Street, Boston, Mass., U. S. America, on or before November 1 of each year, and the award will be made annually on December 24. If no essay is considered worthy of a prize, no award will be made.

Anatomical Prize.—Professor C. B. PORTER offers a prize of fifty dollars open to all students, and graduates of not more than five years' standing, except teachers of anatomy, for the best dissection deserving the award illustrative of surgical anatomy, the specimen to be presented to the Museum.

Otological Prize.—For the best preparation illustrating the osseous anatomy of the ear or for the best thesis showing original work on an otological subject, a prize of twenty-five dollars is offered, open to fourth year students.

Other Prizes.—The Bowdoin, Dante, Toppan and Sumner Prizes, offered by the Faculty of Arts and Sciences, are open to students in all departments of the University. Full particulars in regard to these prizes may be found in the University Catalogue.

COURSES OF STUDY FOR GRADUATES.

The Faculty has arranged, for graduates of recognized medical schools, an improved plan of instruction, embracing nearly all the branches of practical and scientific medicine. It is designed to supply good opportunities for clinical and laboratory study.

The laboratories of the School are well equipped for practical work, and the clinical advantages offered by the hospitals of Boston furnish abundant material for all purposes of instruction. The following are the principal institutions :—

Massachusetts General Hospital,	Infants' Hospital,
Boston City Hospital,	Children's Hospital,
Boston Dispensary,	McLean Hospital (for the Insane),
Massachusetts Eye and Ear Infirmary,	Carney Hospital.
Boston Lying-in Hospital,	

Instructors in the Medical School are members of the medical and surgical staffs of these institutions, to all of which students are admitted under their immediate supervision.

Instruction in the graduate courses is, with but few exceptions, entirely distinct from that of the undergraduate department of the School; but students of the former are admitted also to all the regular lectures (not clinical) of the latter, without extra charge, during their connection with the School.

Instruction is conducted in small classes and under the personal direction of the heads of departments.

Instruction is given throughout the academic year, October to June.

A certificate of attendance will be furnished, if desired.

FEES.

The fees for the separate courses in the several departments vary from \$5 to \$125.

An extra fee is required for the use of material in laboratory, dissecting, and operative courses.

Graduates seeking admission to any of the graduate courses must first register their names at the Dean's office at the Medical School, where all fees are payable, and obtain a receipt to be shown at the first exercise.

For further information and full description of the courses and lectures for graduates, address Dr. WILLIAM L. RICHARDSON, *Dean*, Harvard Medical School, 688 Boylston Street, Boston, Mass.

SUMMER COURSES OF INSTRUCTION.

During the summer of 1903, courses in many branches of practical and scientific medicine will be given by teachers in the School. These courses will be clinical in character and will be given at the Hospitals and Dispensaries by the physicians and surgeons on duty. Practical instruction will also be given in several of the Laboratories of the School by the instructors in charge. These courses are open only to graduate and undergraduate students of medical schools recognized by the Faculty of Medicine, and to such others as the Dean of the Faculty approves.

A list of the Summer Courses will be announced early in the Spring. For further information address Dr. WILLIAM L. RICHARDSON, *Dean*, Harvard Medical School, 688 Boylston Street, Boston, Mass.

The following are the Courses provided in the Graduate Department for 1902-03.

SUBJECT.	INSTRUCTOR.	PLACE.	TIME.	FEE.
1. Anatomy of the Joints	Dr. Dwight	Medical School	Special *	\$25.
2. Dissection Courses	Dr. J. Warren	Medical School	After Nov. 1	20.
3. Special Anaton. Instruction	Dr. Dwight	Medical School	Special *	Special.*
4. Histology and Microscopy	Dr. F. T. Lewis	Medical School	Feb.	25.
5. Elem. Human Embryology	Drs. Bremer and Woods	Medical School	Feb.—June	25.
6. Advanced Embryology	Drs. Minot, Bremer, Lewis	Medical School	Feb.—June	75.
† 7. Physiology	Dr. W. T. Porter	Medical School	Special *	Special.*
† 8. Toxicology and Medico-Legal Examination of Blood	Dr. Wood	Medical School	Oct.—Jan.	30.
† 9. Clinical Examination of Urine	Drs. Wood and Emerson	Medical School	Oct.—Jan.	30.
† 10. Clinical Haematology and Examination of Gastric Contents	Dr. Hewes	Medical School	Oct.—Jan.	30.
† 11. Physiological Chemistry	Dr. Pfaff	Medical School	Special *	Special.*
† 12. Path. and Phys. Chemistry	Dr. Emerson	Med. Sch. or Boston City H.	Special *	Special.*
† 13. Bacteriology	Dr. Ernst	Medical School	Special *	25.
14. Practical Pathology	Dr. Councilman	Medical School	Special *	30-50.
15. Pathological Histology	Dr. Councilman	Medical School	Special *	30.
16. Pathological Anatomy	Dr. Magrath	Medical School	Special *	25.
17. Neuropathology	Dr. Taylor	Medical School	Special *	25.
18. Advanced Neuropathology	Dr. Taylor	Medical School	Special *	75-125.
19. Surgical Pathology	Dr. Nichols	Medical School	April	25.
20. Diagnosis of New Growths	Dr. Whitney	Mass. General Hospital	Special *	15.
† 21. Comparative Pathology	Dr. Smith	Bussey Institution	Oct.—June	Special.*
22. Clinical Medicine	Dr. Vickery	Mass. General Hospital	Oct.	15.
† 23. Clinical Diagnosis	Dr. J. M. Jackson	Mass. General Hospital	Nov.—Feb.	15.
† 24. Infectious Diseases	Dr. McCollom	Boston City Hospital	Oct., Nov.	25.
† 25. Intubation	Dr. McCollom	Boston City Hospital	Special *	25.
26. Sputum Analysis	Dr. W. H. Smith	Mass. General Hospital	Nov., Dec., Jan.	15.
27. Clinical Medicine	Dr. Joslin	Boston City Hospital	Apr.—May	25.
28. Surgical Research			Special	Special.*
29. Special Surgical Work			Special	Special.*
† 30. Minor Surgery	Dr. Lund	Boston City Hospital	April—May	20.
† 31. Minor Surgery	Dr. J. B. Blake	Boston City Hospital	Nov.—May	20.
32. Clinical and Operative Surgery	Drs. Warren, Porter, Beach	Mass. General Hospital	Oct.—Feb.	30.
33. Clinical Surgery	Dr. M. H. Richardson	Mass. General Hospital	Feb., May	
34. Clinical Surgery	Dr. Mumford	Mass. General Hospital	Feb, March, April, May	25.

35. Minor Surgery	Dr. Mumford	Mass. General Hospital	Oct.—Jan.	25.
36. Clinical, Operative, Genito-urinary, Pathological and Minor Surgery	Drs. Monks and Thorndike	Boston City Hospital	Oct., Nov., Jan., Feb.	25.
37. Clinical and Operative Surgery	Drs. Munro and Lund	Boston City Hospital	Oct., Nov.	25.
38. Genito-Urinary Surgery	Dr. Thorndike	Boston City Hospital	Oct.—Nov.	25.
39. Fractures	Dr. Scudder	Mass. General Hospital	Oct., Nov.	20.
40. Surgical Diagnosis	Dr. Scudder	Mass. General Hospital	Nov.—Dec.	20.
41. Genito-Urinary Surgery	Dr. Scudder	Mass. General Hospital	Jan.—Feb.	20.
42. After Treatment	Dr. Scudder	Mass. General Hospital	Feb., March	20.
43. Genito-Urinary Surgery	Dr. Watson	Boston City Hospital	April—May	20.
44. Surgical Diagnosis	Dr. C. A. Porter	Mass. General Hospital	Oct.—Jan.	15.
45. Minor Surgery	Dr. Balch	Mass. General Hospital	Feb., March	20.
46. Minor Surgery	Dr. Balch	Mass. General Hospital	April, May	20.
47. Clinical and Operative Surgery	Dr. Cobb	Mass. General Hospital	Oct.—Nov.	30.
†48. Orthopedic Surgery	Dr. Bradford	Children's Hospital	Nov.	10.
49. Clinical Obstetrics	Dr. W. L. Richardson	Boston Lying-in Hospital	Nov.—Jan., May—June	25.
50. Clinical Obstetrics	Dr. C. M. Green	Boston Lying-in Hospital	Feb., March, April	25.
51. Clinical Obstetrics	Dr. Higgins	Boston Lying-in Hospital	Oct.	25.
52. Clinical Obstetrics	Drs. Newell, Swain, and Friedman	Boston Lying-in Hospital	Oct.—May.	25.
53. Operative Obstetrics	Dr. C. M. Green	Medical School	Special *	25.
54. Operative Obstetrics	Dr. Higgins	Medical School	Special	25.
55. Gynaecology	Dr. Haven	Boston City Hospital	Jan., Feb., March	25.
56. Gynaecology	Dr. C. M. Green	Boston City Hospital	Oct., Nov., Dec.	25.
†57. Gynaecology	Dr. Storer	Carney Hospital	Oct., Nov., Dec., Apr., May, June	25.
†58. Gynaecology	Dr. Storer	Boston Dispensary	Jan., Feb., March	25.
59. Gynaecology	Dr. Storer	St. Elizabeth's Hospital	April, May, June	25.
60. Operative Gynaecology	Dr. Davenport	Medical School	Special *	25.
†61. Pediatrics	Dr. Craigin	Children's Hospital	Oct., Nov.	20.
†62. Pediatrics	Dr. Craigin	Children's Hospital	Nov., Dec.	20.
†63. Pediatrics	Dr. Buckingham	Children's Hospital	Jan., Feb.	20.
†64. Pediatrics	Dr. Morse	Infants' Hospital	April, May	20.
†65. Pediatrics	Dr. Morse	Infants' Hospital	March, April	20.
66. Dermatology	Dr. Bowen	Mass. General Hospital	Oct.—June.	25.
67. Syphilis	Dr. Post	Boston Dispensary	April, May, June	25.
†68. Advanced Neurology	Dr. Putnam	Mass. General Hospital	Special*	Special.*
†69. Neurology	Dr. Knapp	Boston City Hospital	Feb., March	20.
†70. Neurology	Dr. Knapp	Boston City Hospital	April, May	20.
71. Neurology	Dr. Walton	Mass. General Hospital	March—April	20.

* To be arranged with instructor.

† Women admitted.

† Women admitted conditionally.

SUBJECT.	INSTRUCTOR.	PLACE.	TIME.	FEE.
†72. Psychiatry	Dr. Cowles	McLean Hospital	Special *	25.
†73. Otology	Dr. Crockett	Eye and Ear Infirmary	Feb.—April	25.
†74. Otolaryngology	Dr. Hammond	Eye and Ear Infirmary	Nov.—Jan.	25.
†75. Anatomy of the Ear	Dr. Hammond	Medical School	Special *	25.
†76. Clinical Ophthalmology	Dr. Wadsworth	Eye and Ear Infirmary	Feb., March	25.
†77. Ophthalmology	Dr. Standish	Eye and Ear Infirmary	April	25.
†78. Ophthalmology	Dr. Quackenboss	Eye and Ear Infirmary	Oct.—Nov.	20.
†79. Ophthalmology	Dr. Jack	Eye and Ear Infirmary	Oct.—Nov.	20.
†80. Rhinology and Laryngology	Dr. DeBlois	Boston City Hospital	Jan., Feb., March	20.
†81. Rhinology and Laryngology	Dr. Farlow	Boston City Hospital	April, May	20.
†82. Rhinology and Laryngology	Dr. Coolidge	Mass. General Hospital	Feb., March	20.
†83. Hygiene	Dr. Harrington	Medical School	Special *	35.
84. Disinfection	Dr. Harrington	Medical School	Special *	20.
85. Analysis of water, food, etc.	Dr. Harrington	Medical School	Special *	20.
86. Pharmacology	Drs. Pfaff and Vejux-Tyrode	Medical School	Special *	Special.*

* To be arranged with instructor.

† Women admitted.

‡ Women admitted conditionally.

SUMMER COURSES OF INSTRUCTION IN THE
MEDICAL SCHOOL. 1902.

SUMMER COURSES OF INSTRUCTION IN THE MEDICAL SCHOOL. 1902.

No.	Subject.	Instructor.	Place.	No. of Exer- cises.	Begins.	Ends.	Days.	Hour.	Fee.
1	Anatomy	Dr. Whiteside	Medical School	12	July 7	July 18	Daily	3-5	20.00
2	Histology	Dr. Lewis	Medical School	22	July 1	July 31	Daily	3	20.00
3	Physiology	The Department	Medical School	30	June 30	Aug. 2	Daily	. .	40.00
4	Chemistry	Dr. Hills	Medical School	25	June 30	Aug. 2	Daily	10	30.00
5	Physiological Chemistry	Dr. Emerson	Medical School	30	June 30	Aug. 9	Daily	2	30.00
6	Physiological Chemistry	Dr. Emerson	Medical School	24	July 1	Aug. 2	Daily	3	25.00
7	Urinary Chemistry	Dr. Emerson	Medical School	25	June 30	Aug. 1	Daily	2	25.00
8	Physiological Chemistry	Dr. M. Vejux-Tyrode	Mass. Gen. Hosp.	15	Sept.	Sept.	Special *	10	. .
9	Urinary Chemistry	Dr. Bailey	Medical School	44	July 1	Aug. 29	Daily	10	25.00
10	Pathology	Dr. Mallory	City Hospital	42	June 30	Aug. 16	Daily	9-4	50.00
11	Neuropathology	Dr. Taylor	Medical School	20	July 5	Aug. 19	Mo. We. Fr.	4	25.00
12	Blood Examination	Dr. Hewes	Medical School	8	July 1	July 24	Tu. Th.	4	20.00
13	Blood Examination	Dr. Hewes	Medical School	8	Sept. 2	Sept. 25	Tu. Th.	4	20.00
14	Pharmacology and Therapeutics	Dr. Vejux-Tyrode	Medical School	12	Sept.	Sept.	Special *
15	Rational Therapeutics.	Dr. Vejux-Tyrode	Medical School	5	Sept.	Sept.	Special *
16	Clinical Medicine	Dr. Vickery	Mass. Gen. Hosp.	13	July 2	July 30	Mo. We. Fr.	10	15.00
17	Clinical Medicine	Dr. Vickery	Mass. Gen. Hosp.	13	Aug. 1	Aug. 29	Mo. We. Fr.	10	15.00
18	Clinical Medicine	Dr. Henry Jackson	City Hospital	15	July 1	Aug. 2	Tu. Th. Sat.	10	20.00

	Dr. John L. Ames	City Hospital	13	June 2	June 30	Tu. Th. Sat.	10	20.00
19	Clinical Medicine	Dr. John L. Ames	13	Aug. 1	Aug. 29	Mo. We. Fr.	10	20.00
20	Clinical Medicine	Dr. John L. Ames	27	July 1	July 31	Daily	9-12	30.00
21	Clinical Medicine	Dr. R. C. Cabot	27	Aug. 1	Aug. 30	Daily	9-12	30.00
22	Clinical Medicine	Dr. R. C. Cabot	26	Sept. 1	Sept. 28	Daily	9-12	30.00
23	Clinical Medicine	Dr. R. C. Cabot	19	July 1	July 31	Tu. We. Th. Fr.	9	30.00
24	Clinical Diagnosis	Dr. Hewes	8	Sept. 3	Sept. 26	We. Fr.	10	20.00
25	Diseases of the Stomach	Dr. Hewes	15	July 7	July 31	Mo. Tu. Th. Fr.	8-10	15.00
26	Clinical Medicine	Dr. Joslin	15	Aug. 4	Aug. 28	Mo. Tu. Th. Fr.	8-10	15.00
27	Clinical Medicine	Dr. Joslin	15	Sept. 1	Sept. 25	Mo. Tu. Th. Fr.	8-10	15.00
28	Clinical Medicine	Dr. Joslin	8	July 8	July 29	Tu. Fr.	4	15.00
29	Sick Room Dietetics	Dr. Joslin	8	Aug. 5	Aug. 29	Tu. Fr.	4	15.00
30	Sick Room Dietetics	Dr. Joslin	8	Sept. 2	Sept. 26	Tu. Fr.	4	15.00
31	Sick Room Dietetics	Dr. Joslin	5	July 9	July 30	Mo. Th.	4	10.00
32	Diabetes Mellitus	Dr. Joslin	5	Aug. 6	Aug. 27	Mo. Th.	4	10.00
33	Diabetes Mellitus	Dr. Joslin	5	Sept. 3	Sept. 24	Mo. Th.	4	10.00
34	Diabetes Mellitus	Dr. Joslin	18	July 1	July 24	Daily	10.30	20.00
35	Clinical Medicine	Dr. Robey	18	Aug. 1	Aug. 26	Daily	10.30	20.00
36	Clinical Medicine	Dr. Robey	20	July 1	July 25	Daily	10	15.00
37	Clinical Medicine	Dr. Badger	20	Aug. 1	Aug. 23	Daily	10	15.00
38	Clinical Medicine	Dr. Badger	19	July 7	July 31	Daily	10	20.00
39	Clinical Medicine	Dr. Larrabee	24	Aug. 4	Aug. 30	Daily	10	20.00
40	Clinical Medicine	Dr. Larrabee						

No.	Subject.	Instructor.	Place.	No. of Exer- cises.	Begins.	Ends.	Days.	Hour.	Fee.
41	Orthopedic Surgery	Dr. Bradford	Children's Hosp.	32	July 1	Aug. 14	Mo. Tu. We. S.	3	20.00
42	Operative Surgery	Drs. Mixter & Brewster	Mass. Gen. Hosp.	26	July 2	Aug. 29	Mo. We. Fr.	10	25.00
43	Clinical Surgery	Dr. Monks	City Hospital	25	Aug. 1	Sept. 29	Mo. We. Fr.	10	25.00
44	Genito-Urinary Surgery	Dr. Watson	City Hospital	10	May 20	June 19	Tu. Th.	11	20.00
45	Clinical Surgery	Dr. Munro	City Hospital	27	Aug. 1	Sept. 30	Tu. Th. Fri.	10	25.00
46	Genito-Urinary Surgery	Dr. Thorndike	City Hospital	. .	Aug. 1	Sept. 30	Daily	10	25.00
47	Minor Surgery	Dr. Lothrop	City Hospital	26	July 1	July 31	Daily	10	20.00
48	Minor Surgery	Dr. Lund	City Hospital	. .	June 2	June 30	Daily	10	20.00
49	Clinical and Operative Surgery	Dr. Lund	City Hospital	14	July	July	Special *	10	15.00
50	Clinical Surgery	Dr. J. B. Blake	City Hospital	26	June 2	July 30	Mo. We. Fr.	10	20.00
51	Clinical and Operative Surgery	Dr. Balch	Mass. Gen. Hosp.	25	June 1	July 30	3 days a week	10-30	25.00
52	Clinical and Operative Surgery	Dr. Balch	Mass. Gen. Hosp.	26	Aug. 1	Sept. 30	3 days a week	10-30	25.00
53	Clinical and Operative Surgery	Dr. Codman	Mass. Gen. Hosp.	Special *	. .	25.00
54	Minor Surgery	Dr. C. A. Porter	Mass. Gen. Hosp.	. .	June	June	Special *	10	15.00
55	Minor Surgery	Dr. C. A. Porter	Mass. Gen. Hosp.	. .	July	July	Special *	10	15.00
56	Minor Surgery	Dr. C. A. Porter	Mass. Gen. Hosp.	. .	Aug.	Aug.	Special *	10	15.00
57	Minor Surgery	Dr. Bottomley	City Hospital	26	Sept. 1	Sept. 30	Daily	11	15.00
58	Minor Surgery	Dr. Cobb	Mass. Gen. Hosp.	27	July 1	July 31	Daily	10	15.00
59	Minor Surgery	Dr. Cobb	Mass. Gen. Hosp.	26	Aug. 1	Aug. 29	Daily	10	15.00
60	Clinical Surgical Pathology	Dr. Greenough	Mass. Gen. Hosp.	35	July 1	Aug. 28	Mo. Tu. We. Th.	10-12	25.00

61	Genito-Urinary Surgery	Dr. Whiteside	Boston Dispensary	27	July	1 July 31	Daily	9	15.00
62	Genito-Urinary Surgery	Dr. Whiteside	Boston Dispensary	26	Aug.	1 Aug. 30	Daily	9	15.00
63	Clinical Obstetrics	Dr. C. M. Green	Lying-in Hosp.	.	May	1 Sept. 30	.	.	30.00
64	Operative Obstetrics	Dr. Newell	Medical School	8	Sept.	2 Sept. 12	Tu. We. Th. Fr.	4-6	20.00
64a	Clinical Obstetrics	Dr. Swain	Lying-in Hosp.	12	July	2 July 30	Mo. We. Fr.	11	20.00
65	Gynacology	Dr. Storer	St. Elizabeth's & Carney Hospitals	12	June	2 July 31	Daily	3-30	25.00
66	Diseases of Children	Dr. Buckingham	Children's Hosp.	13	Aug.	2 Aug. 30	Tu. Th. Sat.	11-30	20.00
67	Diseases of Children	Dr. Morse	Infants' Hospital	12	June	2 June 30	Mo. We. Fr.	12	20.00
68	Diseases of Children	Dr. Craigin	Children's Hosp.	12	July	1 July 31	Tu. Th. Sat.	11-30	20.00
69	Diseases of Children	Dr. Ladd	Children's Hosp.	13	Sept.	2 Sept. 30	Tu. Th. Sat.	11-30	20.00
70	Diseases of the Skin	Dr. C. J. White	Mass. Gen. Hosp.	13	July	1 July 31	Tu. Th. Fri.	9-30	15.00
71	Diseases of the Skin	Dr. C. J. White	Mass. Gen. Hosp.	13	Aug.	1 Aug. 29	Tu. Th. Fr.	9-30	15.00
72	Diseases of the Eye	Dr. Standish	Eye and Ear Inf.	12	July	2 July 30	Mo. We. Fr.	10	20.00
73	Diseases of the Eye	Dr. Jack	Eye and Ear Inf.	12	Aug.	2 Aug. 30	Tu. Th. Sat.	9	20.00
74	Diseases of the Eye	Dr. Quackenboss	Eye and Ear Inf.	24	Aug.	1 Sept. 24	Mo. We. Fr.	9	25.00
75	Diseases of the Ear	Dr. C. J. Blake	Eye and Ear Inf.	9	June	5 July 31	Th.	.	.
76	Diseases of the Ear	Dr. Crockett	Eye and Ear Inf.	.	May	1 July 31	Daily	9-11	Spe'l*
77	Diseases of the Ear	Dr. Hammond	Medical School	13	July	2 July 30	Mo. We. Fr.	9-11	25.00
78	Diseases of the Throat	Dr. Farlow	City Hospital	12	June	2 June 27	Mo. We. Fr.	10	20.00
79	Diseases of the Nerves	Dr. Taylor	Medical School	20	July	2 Aug. 15	.	.	25.00
80	Diseases of the Nerves	Dr. Taylor	Med. Sch. and Long Isl. Hosp.	25	July	1 Aug. 30	Tu. Th. Sat.	9-30	25.00

No.	Subject.	Instructor.	Place.	No. of Exer- cises.	Begins.	Ends.	Days.	Hour.	Fee.
81	Diseases of the Mind	Dr. Lane	Boston Ins. Hosp.	16	June 10	July 29	Tu. Fr.	3	20.00
82	Hygiene	Drs. Harrington & Strong	Medical School	36	July 1	Aug. 9	Daily	3	50.00
83	Hygiene	Dr. Durgin	Medical School	13	July 2	July 30	Mo. We. Fr.	3	20.00
84	Bacteriology	Dr. Denny	Medical School	25	Aug. 11	Sept. 13	Daily, except S.	3.15	30.00
85	Bacteriology	Dr. Perry	Medical School	25	Spec'l*	. .	Daily, except S.	3.15	30.00
86	Bacteriology	Dr. Weis	Medical School	25	July 7	. .	Special *	. .	Spe'l*
87	Bacteriology	Dr. Frothingham	Medical School	. .	July 7	Aug. 7	Special *	. .	30.00
88	Pathological Anatomy and Histology	Dr. Magrath	Medical School	. .	July 1	Aug. 9	Daily	. .	30.00

* To be arranged with instructor.

TABULAR VIEWS OF UNDERGRADUATE
COURSES.

TABULAR VIEWS OF UNDERGRADUATE COURSES.

FIRST YEAR — First Half-Year

	MONDAY.	TUESDAY.	WEDNESDAY.	THURSDAY.	FRIDAY.	SATURDAY.
9-10	<p><i>October, January.</i> Anatomy. L. Room C.</p> <p><i>November, December.</i> Section I, Dissection. Rooms D and F. Section II, Histology. Lab. Room G.</p>		<p>Anatomy. L. Room C.</p>	<p><i>October, January.</i> Anatomy. L. Room C.</p> <p><i>November, December.</i> Section I, Dissection. Rooms D and F. Section II, Histology. Lab. Room G.</p>		<p>Anatomy. L. Room C.</p>
10-1	<p>Section I, Anatomy. Dissection. Rooms D and F. Section II, Histology. Laboratory. Room G.</p> <p>Anatomy. 1st and 3d weeks. Section I, Rooms D and F. Section II, Room G. Anatomy. 2d and 4th weeks. Section I, Room G. Section II, Rooms D and F.</p>		<p><i>October, November, December.</i> Rooms D and F. Section II, Histology. Laboratory. Room G.</p> <p><i>January.</i></p>			<p><i>January.</i> Anatomy. L. Room C.</p> <p><i>Oct., Nov., Dec.</i> 11 A.M. Histology. L. Room C.</p>
2-3	<p><i>October, January.</i> Histology. L. Room G.</p> <p><i>November, December.</i> Section I, Histology. Lab. Room G. Section II, Anatomy. Lab. Rooms D and F.</p>		<p>Histology. L. Room G.</p>	<p><i>October, January.</i> Histology. L. Room C.</p> <p><i>November, December.</i> Section I, Histology. Lab. Room G. Section II, Anatomy. Lab. Rooms D and F.</p>		
3-6	<p>Section I, Histology. Lab. Room G.</p> <p>Anatomy. 1st and 3d weeks. Section I, Room G. Section II, Rooms D. and F. Anatomy. 2d and 4th weeks. Section I, Rooms D and F. Section II, Room G.</p>	<p>Section I, Histology. Lab. Room G. Section II, Anatomy. Dissection. Rooms D and F.</p> <p><i>January.</i></p>				

Second Half-Year.

PHYSIOLOGY. FEBRUARY 8 TO MARCH 15.

	MONDAY.	TUESDAY.	WEDNESDAY.	THURSDAY.	FRIDAY.	SATURDAY.
9-9.30	Conference. Room A.		Conference. Room A.			
9.30-9.50	Written Test. Rooms B and H.		Written Test. Rooms B and H.			
9.50-12	Laboratory Experiments. Rooms B and H.		Laboratory Experiments. Rooms B and H.		10-11	Recitation. Room A.
12-1	Recitation. In Sections. Rooms B and H.				11-12	Demonstration. Room A.

MARCH 17 TO MAY 31.

9-9.30	Lecture. Room A.		Lecture. Room A.		9-9.45	Discussion of Theses. Room A.
9.30-10	Conference. Room A.		Conference. Room A.			
10-10.20	Written Test. Rooms B and H.		Written Test. Rooms B and H.		10-11	Recitation. Room A.
10.20-12.15	Laboratory Experiments. Rooms B and H.		Laboratory Experiments. Rooms B and H.			
12.15-1	Recitation. In Sections. Rooms B and H.		Discussion of Theses. Room A.		11-12	Demonstration. Room A.

JUNE 1 TO JUNE 7.

Laboratory Experiments. Rooms B and H.

PHYSIOLOGICAL AND PATHOLOGICAL CHEMISTRY.

<i>First eight weeks.</i>		<i>Second eight weeks.</i>	
2-2.30	Lecture. Daily. Room A or E.	2-3	Lecture. Monday and Wednesday. Room A. Laboratory. Tuesday, Thursday, and Friday.
2.30-5.30	Laboratory. Daily. Room I.	3-4	Laboratory. Daily except Saturday.
		4-5	Lecture. Friday. Room A. Laboratory. Monday, Tuesday, Wednesday, and Thursday.

SECOND YEAR. — First Half-Year.

	OCTOBER.	NOVEMBER.	DECEMBER.	JANUARY.
9-12	Pathology. Laboratory. Daily. Section I, Room B. Section II, Room II.			Monday, Wednesday, and Friday. Surgery. Clinical Lecture. Burrell. B. C. H.
12-1	Pathology. Lectures. Daily. Room C.			Tuesday, Thursday, and Saturday.
2-3	Bacteriology. Lectures. Daily except Saturdays. Room A.	Pathology of the Nervous System. Laboratory. Taylor. H. M. S.		
3-4				
4-5	Bacteriology. Laboratory. Daily except Saturdays. Section I, Room B. Section II, Room H.			Daily except Saturday Surgical Pathology. Laboratory. Nichols. H. M. S.
5-6				

Second Half-Year.

	MONDAY.	TUESDAY.	WEDNESDAY.	THURSDAY.	FRIDAY.	SATURDAY.
8-10	Bandaging (s) Clinical Medicine Clinic Vickery, M. G. H.	Bandaging (s) Theory and Practice Clinic Cutler, M. G. H.	Bandaging (s) Clinical Medicine Clinic Sears, B. C. H.	Bandaging (s) Theory and Practice Clinic Cutler, M. G. H.	Bandaging (s) Clinical Medicine Clinic Vickery, M. G. H.	Bandaging (s) Clinical Medicine Clinic Sears, B. C. H.
9-10	Theory & Practice (s) Physical Diagnosis (s) *Surgery L. C. A. Porter, M. G. H.	Theory & Practice (s) Physical Diagnosis (s)	Theory & Practice (s) Physical Diagnosis (s)	Theory & Practice (s) Physical Diagnosis (s)	Theory & Practice (s) Physical Diagnosis (s)	Theory & Practice (s) Physical Diagnosis (s)
10-11						
11-12						
12-1						
2-3	Feb., Mar. Anatomy. L. Dwight, Room C Apr., May Pharmacology Laboratory	Clinical Chemistry L. Wood, Room A	Apr., May Pharmacology Laboratory	Clinical Chemistry L. Wood, Room A	Clinical Chemistry L. Wood, Room A	
3-4	Feb., Mar. Therapeutics. L. Pfaff, Room A Apr., May Pharmacology Laboratory	Feb., Mar. Anatomy. L. Dwight, Room C	Feb., Mar. Anatomy. L. Dwight, Room C Apr., May Pharmacology Laboratory	Feb., Mar. Anatomy. L. Dwight, Room C	Feb., Mar. Anatomy. L. Dwight, Room C Apr., May Therapeutics. L. Pfaff, Room A	
4-5	Clinical Chemistry L. Wood, Room A Feb., Mar. Anatomy Dwight	Therapeutics. L. Pfaff, Room A Feb., Mar. Anatomy Dwight	Therapeutics. L. Pfaff, Room A Feb., Mar. Anatomy Dwight	Therapeutics. L. Pfaff, Room A	Surgery. L. C. A. Porter Room E	
5-6						

* Lecture in Surgery is at 11.30.

11-1	<i>Feb.-June</i> G.-U. Surgery (s) B. D.			Clinical Surgery Ward Visit M. G. H.	Clinical Surgery Conference C. B. Porter M. G. H.	<i>Oct.-June</i> G.-U. Surgery (s) B. D.	<i>Oct.-June</i> G.-U. Surgery (s) B. D.
12-1							
2-3							
3-4	Obstetrics. L. W. L. Richardson Room E	Theory and Practice L. Fitz Room E	Obstetrics Conference C. M. Green Room E	Obstetrics. L. W. L. Richardson Room E	Theory and Practice L. Fitz Room E		
4-5	<i>Oct.-Jan.</i> Gynaecology L. or R. Davenport Room E <i>Feb.-May</i> Neurology. L. Putnam Room E	Dermatology. L. Bowen Room E	Surgery. L. Warren Room C	<i>Oct.-Jan.</i> Gynaecology Davenport Room E. <i>Feb.-May</i> Psychiatry. L. Cowles Room E	Surgery. L. Warren Room C		
5-6	<i>October</i> G.-U. Surgery. L. Thorndike Room E		<i>October</i> G.-U. Surgery. L. Thorndike Room E		Obstetrics. R. Higgins Room E		

On Monday, Wednesday, Thursday, and Saturday all section work at the M. G. H., I. H., No. Grove St., and S. H., begins at 11;
at the B. C. H., B. D., and Ch. H., at 11.20.
On Tuesday and Friday all section work at the B. C. H. begins at 11; at all other places at 11.20.

FOURTH YEAR. — OCTOBER.

	Monday.	Tuesday.	Wednesday.	Thursday.	Friday.	Saturday.
9	Clinical Medicine Prac. Therapeutics Shattuck, M. G. H.	Otology Clinic (s, 2 hrs.) J. O. Green, E. & E. I.		Practical Therapeutics Sears, B. C. H.		Legal Medicine Autopsy Draper, B. C. H.
		<i>Gynaecology</i> Clinic C. M. Green, B. C. H.	Otology Clinic (s, 2 hrs.) J. O. Green, E. & E. I.	<i>Gynaecology</i> Clinic C. M. Green, B. C. H.	<i>Otology</i> Clinic (s, 2 hrs.) J. O. Green, E. & E. I.	
10	Ophthalmology Clinic (s) Wadsworth, E. & E. I.	Ophthalmology Clinic (s) Quackenboss E. & E. I.	Ophthalmology Clinic (s) Standish, E. & E. I.	Ophthalmology Clinic (s) Wadsworth, E. & E. I.	Ophthalmology Clinic (s) Quackenboss E. & E. I.	Ophthalmology Clinic (s) Standish, E. & E. I.
	Laryngology Clinic (s, 2 hrs.) DeBlois, B. C. H.		Laryngology Clinic (s, 2 hrs.) DeBlois, B. C. H.	Clinical Surgery Lecture (2 hrs.) Monks, B. C. H.	Laryngology Clinic (s, 2 hrs.) DeBlois, B. C. H.	
		<i>Dermatology</i> Clinic White, M. G. H.			<i>Dermatology</i> Clinic White, M. G. H.	
11	Laryngology Clinic (s) Farlow, B. D.	Laryngology Clinic (s) Coolidge, M. G. H.	Laryngology Clinic (s) Farlow, B. D.	Laryngology Clinic (s) Coolidge, M. G. H.	Laryngology Clinic (s) Farlow, B. D.	Laryngology Clinic (s) Coolidge, M. G. H.
	Ophthalmology Clinic (s) Spalding, E. & E. I.		Ophthalmology Clinic (s) Clap, E. & E. I.	Ophthalmology Clinic (s) Spalding, E. & E. I.		Ophthalmology Clinic (s) Clap, E. & E. I.
	Syphilis Clinic (s) Post, B. D.	Ophthalmology Clinic (s) Jack, E. & E. I.	Syphilis Clinic (s) Post, B. D.	Syphilis Clinic (s) Post, B. D.	Syphilis Clinic (s) Post, B. D.	Surgical operations M. G. H.
	<i>Neurology</i> Clinic Putnam, M. G. H.	Diagnosis in Clinical Surgery Clinic C. B. Porter, M. G. H.		<i>Neurology</i> Clinical Lecture Walton, M. G. H.	Ophthalmology Clinic (s) Jack, E. & E. I. Surgical operations B. C. H.	<i>Neurology</i> Clinical Lecture Walton, M. G. H.

12	Clinical Surgery Lecture C. B. Porter, M. G. H.		Syphilis Lecture Post, B. D.	Genito-urin. Dis. Clin. Lecture Thorndike, B. C. H.	
2	<i>Exper. Physiol.</i> Lab. (2 hrs.) W. T. Porter, H. M. S.	<i>Exper. Physiol.</i> Lab. (2 hrs.) W. T. Porter, H. M. S.	<i>Exper. Physiol.</i> Lab. (2 hrs.) W. T. Porter, H. M. S.	<i>Exper. Physiol.</i> Lab. (2 hrs.) W. T. Porter, H. M. S.	<i>Exper. Physiol.</i> Lab. (2 hrs.) W. T. Porter, H. M. S.
3	Ophthalmology Lecture Wadsworth Room A	Clin. Microscopy Lab. Whitney, H. M. S.	Clin. Microscopy Lab. Whitney, H. M. S.	Clin. Microscopy Lab. Whitney, H. M. S.	Clin. Microscopy Lab. Whitney, H. M. S.
	Anat. of Ear R. (s) Hammond, H. M. S.	Legal Medicine Lecture Draper, Room A	Anat. of Ear R. (s) Hammond, H. M. S.	Legal Medicine Lecture Draper, Room A	
4	Otology Lecture Blake, Room A	Ophthalmology Lecture Wadsworth, Room E	Ophthalmology Lecture Wadsworth, Room E	Otology Lecture Blake, Room A	Orthopedic Surg. Clinic (s) Bradford, Ch. H.
		Orthopedic Surg. Lecture Bradford, H. M. S. or Ch. H.		Clinical Medicine Conference Room A	
5	Regional Surgery M. H. Richardson, Room C	Surg. Landmarks Lecture Monks, Room D	Regional Surgery M. H. Richardson, Room C	Laryngology Lecture Coolidge, Room E	Surg. Landmarks Lecture Monks, Room D
7.30	Surgical Emergency Clinic (s) Accident-room M. G. H.	Surgical Emergency Clinic (s) Accident-room M. G. H.	Surgical Emergency Clinic (s) Accident-room M. G. H.	Surgical Emergency Clinic (s) Accident-room M. G. H.	Surgical Emergency Clinic (s) Accident-room M. G. H.

(s) Section of the class.

Electives are in *italics*.

NOVEMBER.

	Monday.	Tuesday.	Wednesday.	Thursday.	Friday.	Saturday.
9	Clinical Medicine Prac. Therapeutics Shattuck, M. G. H.	Otology Clinic (s, 2 hrs.) J.O.Green, E. & E. I.		Practical Therapeutics Sears, B. C. H.	Gynaecology Clinic C. M. Green, B. C. H.	Legal Medicine Autopsy Draper, B. C. H.
		Gynaecology Clinic C. M. Green, B. C. H.		Otology Clinic (s, 2 hrs.) J.O.Green, E. & E. I.		Otology Clinic (s, 2 hrs.) J.O.Green, E. & E. I.
10	Ophthalmology Clinic (s) Wadsworth, E. & E. I.	Ophthalmology Clinic (s) Quackenboss E. & E. I.	Ophthalmology Clinic (s) Standish, E. & E. I.	Ophthalmology Clinic (s) Wadsworth, E. & E. I.	Ophthalmology Clinic (s) Quackenboss E. & E. I.	Ophthalmology Clinic (s) Standish, E. & E. I.
	Laryngology Clinic (s, 2 hrs.) DeBlois, B. C. H.	Laryngology Clinic (s, 2 hrs.) DeBlois, B. C. H.	Laryngology Clinic (s, 2 hrs.) DeBlois, B. C. H.	Clinical Surgery Lecture (2 hrs.) Monks, B. C. H.	Laryngology Clinic (s, 2 hrs.) DeBlois, B. C. H.	
		Dermatology Clinic White, M. G. H.			Dermatology Clinic White, M. G. H.	
11	Laryngology Clinic (s) Farlow, B. D.	Laryngology Clinic (s) Coolidge, M. G. H.	Laryngology Clinic (s) Farlow, B. D.	Laryngology Clinic (s) Coolidge, M. G. H.	Laryngology Clinic (s) Farlow, B. D.	Laryngology Clinic (s) Coolidge, M. G. H.
	Ophthalmology Clinic (s) Spalding, E. & E. I.	Ophthalmology Clinic (s) Clap, E. & E. I.	Ophthalmology Clinic (s) Clap, E. & E. I.	Ophthalmology Clinic (s) Spalding, E. & E. I.	Ophthalmology Clinic (s) Clap, E. & E. I.	Ophthalmology Clinic (s) Clap, E. & E. I.
	Syphilis Clinic (s) Post, B. D.	Diagnosis in Clinical Surgery C. B. Porter, M. G. H.	Syphilis Clinic (s) Post, B. D.		Syphilis Clinic (s) Post, B. D.	Surgical oper. M. G. H.
	Neurology Clinic Putnam, M. G. H.	Ophthalmology Clinic (s) Jack, E. & E. I.		Neurology Clin. Lect. Walton, M. G. H.	Ophthalmology Clinic (s) Jack, E. & E. I. Surgical oper. B. C. H.	Neurology Clin. Lect. Walton, M. G. H.

12	Clinical Surgery Lecture C. B. Porter, M. G. H.	Syphilis Lecture Post, B. D.	Genito-urin. Surg. Clin. Lect. Thorndike, B. C. H.		
	<i>Exper. Physiol.</i> Lab. (2 hrs.) W. T. Porter, H. M. S.	<i>Exper. Physiol.</i> Lab. (2 hrs.) W. T. Porter, H. M. S.	<i>Exper. Physiol.</i> Lab. (2 hrs.) W. T. Porter, H. M. S.		
2	Clin. Microscopy Lab. Whitney, H. M. S.	Clin. Microscopy Lab. Whitney, H. M. S.	Clin. Microscopy Lab. Whitney, H. M. S.		
3	Ophthalmology Lecture Wadsworth, Room A	Legal Medicine Lecture Draper, Room A	Legal Medicine Lecture Draper, Room A		
	Otology Lecture Blake or J. O. Green, Room A	Orthopedic Surg. Lecture Bradford, Room A or Ch. H.	Otology Lecture Blake or J. O. Green, Room A	Clinical Medicine Conference Room A	Orthopedic Surg. Clinic (s) Bradford, Ch. H.
4					
5	<i>Oper. Obstetrics</i> Lect. and Demons. C. M. Green, Room C	Regional Surgery M. H. Richardson Room C	Laryngology Lecture Coolidge, Room E		
7.30	Clinic (s) Accident-room M. G. H.	Clinic (s) Accident-room M. G. H.	Clinic (s) Accident-room M. G. H.	Clinic (s) Accident-room M. G. H.	Clinic (s) Accident-room M. G. H.

DECEMBER.

	Monday.	Tuesday.	Wednesday.	Thursday.	Friday.	Saturday.
9	Clinical Medicine Prac. Therapeutics Shattuck, M. G. H.	Otology Clinic (s, 2 hrs.) Blake, E. & E. I.		Practical Therapeutics Sears, B. C. H.	<i>Gynaecology</i> Clinic C. M. Green, B. C. H.	Legal Medicine Autopsy Draper, B. C. H.
		<i>Gynaecology</i> Clinic C. M. Green, B. C. H.		Otology Clinic (s, 2 hrs.) Blake, E. & E. I.		Otology Clinic (s, 2 hrs.) Blake, E. & E. I.
10	Ophthalmology Clinic (s, 2 hrs.) Wadsworth, E. & E. I.	Ophthalmology Clinic (s) Quackenboss E. & E. I.	Ophthalmology Clinic (s) Standish, E. & E. I.	Ophthalmology Clinic (s) Wadsworth, E. & E. I.	Ophthalmology Clinic (s) Quackenboss E. & E. I.	Ophthalmology Clinic (s) Standish, E. & E. I.
	Laryngology Clinic (s, 2 hrs.) DeBlois, B. C. H.		Laryngology Clinic (s, 2 hrs.) DeBlois, B. C. H.		Laryngology Clinic (s, 2 hrs.) DeBlois, B. C. H.	
		<i>Dermatology</i> Clinic White, M. G. H.		Clinical Surgery Lecture (2 hrs.) Burrell, B. C. H.	<i>Dermatology</i> Clinic White, M. G. H.	
11	Laryngology Clinic (s) Farlow, B. D.	Laryngology Clinic (s) Coolidge, M. G. H.	Laryngology Clinic (s) Farlow, B. D.	Laryngology Clinic (s) Coolidge, M. G. H.	Laryngology Clinic (s) Farlow, B. D.	Laryngology Clinic (s) Coolidge, M. G. H.
	Ophthalmology Clinic (s) Spalding, E. & E. I.		Ophthalmology Clinic (s) Clap, E. & E. I.	Ophthalmology Clinic (s) Spalding, E. & E. I.		Ophthalmology Clinic (s) Clap, E. & E. I.
	Syphilis Clinic (s) Post, B. D.	Ophthalmology Clinic (s) Jack, E. & E. I.	Syphilis Clinic (s) Post, B. D.		Syphilis Clinic (s) Post, B. D.	Surgical oper. M. G. H.
	<i>Neurology</i> Clinic Putnam, M. G. H.	Diagnosis in Clinical Surgery Clinic C. B. Porter, M. G. H.		<i>Neurology</i> Clin. Lecture Walton, M. G. H.	Ophthalmology Clinic (s) Jack, E. & E. I. Surgical oper. B. C. H.	<i>Neurology</i> Clin. Lecture Walton, M. G. H.

12	Clinical Surgery Lecture C. B. Porter, M. G. H.		Syphilis Lecture Post, B. D.	Genito-urin. Surg. Clin. Lect. Thorndike, B. C. H.	
2	<i>Exper. Physiol.</i> Lab. (2 hrs.) W. T. Porter, H. M. S.	Clin. Microscopy Lab. Whitney, H. M. S.	<i>Exper. Physiol.</i> Lab. (2 hrs.) W. T. Porter, H. M. S.	Clin. Microscopy Lab. Whitney, H. M. S.	<i>Exper. Physiol.</i> Lab. (2 hrs.) W. T. Porter, H. M. S.
3		Legal Medicine Lecture Draper, Room A		Legal Medicine Lecture Draper, Room A	
4	Otology Lecture Blake or J. O. Green Room A	Orthopedic Surg. Lecture Bradford, Room A		Otology Lecture Blake or J. O. Green Room A	Clinical Medicine Conference Room A
5	<i>Oper. Obstetrics</i> Lect. and Demon. C. M. Green, Room C		Regional Surgery M. H. Richardson Room C	Laryngology Lecture Coolidge, Room E	Syphilis Lecture Post, Room A
7.30	Clinic (s) Accident-room M. G. H.	Clinic (s) Accident-room M. G. H.	Clinic (s) Accident-room M. G. H.	Clinic (s) Accident-room M. G. H.	Clinic (s) Accident-room M. G. H.

JANUARY.

	Monday.	Tuesday.	Wednesday.	Thursday.	Friday.	Saturday.
9	Clinical Medicine Prac. Therapeutics Shattuck, M. G. H.	Otology Clinic (s, 2 hrs.) Blake, E. & E. I.		Practical Therapeutics Sears. B. C. H.	<i>Gynaecology</i> Clinic C. M. Green, B. C. H.	Legal Medicine Autopsy Draper, B. C. H.
		<i>Gynaecology</i> Clinic C. M. Green, B. C. H.		Otology Clinic (s, 2 hrs.) Blake, E. & E. I.		Otology Clinic (s, 2 hrs.) Blake, E. & E. I.
10	Ophthalmology Clinic (s) Wadsworth E. & E. I.	Ophthalmology Clinic (s) Quackenboss E. & E. I.	Ophthalmology Clinic (s) Standish, E. & E. I.	Ophthalmology Clinic (s) Wadsworth E. & E. I.	Ophthalmology Clinic (s) Quackenboss E. & E. I.	Ophthalmology Clinic (s) Standish, E. & E. I.
	Laryngology Clinic (s, 2 hrs.) DeBlois, B. C. H.		Laryngology Clinic (s, 2 hrs.) DeBlois, B. C. H.		Laryngology Clinic (s, 2 hrs.) DeBlois, B. C. H.	
11		<i>Dermatology</i> Clinic White, M. G. H.		Clinical Surgery Lecture (2 hrs.) Burrell, B. C. H.	<i>Dermatology</i> Clinic White, M. G. H.	
		Laryngology Clinic (s) Coolidge, M. G. H.		Laryngology Clinic (s) Coolidge, M. G. H.		Laryngology Clinic (s) Coolidge, M. G. H.
	Ophthalmology Clinic (s) Spalding, E. & E. I.	Ophthalmology Clinic (s) Clap, E. & E. I.	Ophthalmology Clinic (s) Clap, E. & E. I.	Ophthalmology Clinic (s) Spalding, E. & E. I.		Ophthalmology Clinic (s) Clap, E. & E. I.
	Syphilis Clinic (s) Post, B. D.	Diagnosis in Clinical Surgery. Clinic C. B. Porter M. G. H.	Syphilis Clinic (s) Post, B. D.		Syphilis Clinic (s) Post, B. D.	Surgical oper. M. G. H.
	Neurology Clinic Putnam, M. G. H.	Ophthalmology Clinic (s) Jack, E. & E. I.		Neurology Clin. Lect. Walton, M. G. H.	Ophthalmology Clinic (s) Jack, E. & E. I. Surgical oper. B. C. H.	Neurology Clin. Lect. Walton, M. G. H.

12	Clinical Surgery Lecture C. B. Porter, M. G. H.		Syphilis Lecture Post, B. D.	Genito-urin. Surg. Clin. Lect. Thorndike, B. C. H.	
2	<i>Exper. Physiol.</i> Lab. (2 hrs.) W. T. Porter, H. M. S.	Clin. Microscopy Lab. Whitney, H. M. S.	<i>Exper. Physiol.</i> Lab. (2 hrs.) W. T. Porter, H. M. S.	Clin. Microscopy Lab. Whitney, H. M. S.	<i>Exper. Physiol.</i> Lab. (2 hrs.) W. T. Porter, H. M. S.
3		Legal Medicine Lecture Draper, Room A		Legal Medicine Lecture Draper, Room A	
4	Syphilis Lecture Post, Room A	Orthopedic Surg. Lecture Bradford, Room A		Clinical Medical Conference Room A	Orthopedic Surg. Clinic (s) Bradford, Ch. H.
5	<i>Oper. Obstetrics</i> Lect. & Dem. (1 hr.) C. M. Green, Room C Demonstrations (s, 1 hr.)	Regional Surgery M. H. Richardson Room C	<i>Oper. Obstetrics</i> Demonstrations (s, 2 hrs.) H. M. S.	Laryngology Lecture Coolidge, Room E	
7.30	Clinic (s) Accident-room M. G. H.	Clinic (s) Accident-room M. G. H.	Clinic (s) Accident-room M. G. H.	Clinic (s) Accident-room M. G. H.	Clinic (s) Accident-room M. G. H.

FEBRUARY.

	Monday.	Tuesday.	Wednesday.	Thursday.	Friday.	Saturday.
9	Clinical Medicine Prac. Therapeutics Shattuck, M. G. H.	<i>Gynaecology</i> Clinic C. M. Green, B. C. H.	Surgical Visit B. C. H.	Clinical Medicine Clinic Withington, B. C. H.	<i>Gynaecology</i> Clinic C. M. Green, B. C. H.	
	<i>Otology</i> Clinic (2 hrs.) J. O. Green, E. & E. I.		<i>Otology</i> Clinic (2 hrs.) J. O. Green, E. & E. I.		<i>Otology</i> Clinic (2 hrs.) J. O. Green, E. & E. I.	
			<i>Ophthalmology</i> Clinic (2 hrs.) Wadsworth, E. & E. I.	Clinical Surgery Lecture (2 hrs.) Burrell, B. C. H.		<i>Ophthalmology</i> Clinic (2 hrs.) Wadsworth, E. & E. I.
10		<i>Dermatology</i> Clinic White, M. G. H.			<i>Dermatology</i> Clinic White, M. G. H.	
	Surgical Clinic M. G. H.	<i>Orthopedic Surg.</i> Clinic Bradford, Ch. H.		<i>Orthopedic Surg.</i> Clinic Bradford, Ch. H.		
		Diagnosis in Clinical Surgery. Clinic. C. B. Porter, M. G. H.	Clinical Medicine Practical Exercise Clinic R. C. Cabot, M. G. H.		Clinical Medicine Practical Exercise Clinic R. C. Cabot, M. G. H.	Clinical Medicine Practical Exercise Clinic H. Jackson, B. C. H.
11						Surgical operations M. G. H.
					Surgical operations B. C. H.	

12	Clinical Surgery Lecture M. H. Richardson M. G. H.	Infectious Dis. Clinic (s) McCollom, B. C. H.	Genito-urin. Surg. Clin. Lect. Watson, B. C. H.	Infectious Dis. Clinic (s) McCollom, B. C. H.	
	Neurology Clinic Knapp, B. C. H.	Neurology Clinic Knapp, B. C. H.			
2	Exper. Physiol. Lab. (2 hrs.) W. T. Porter, H. M. S.	Clin. Microscopy Lab. Whitney, H. M. S.	Clin. Microscopy Lab. Whitney, H. M. S.	Exper. Physiol. Lab. (2 hrs.) W. T. Porter, H. M. S.	
				Clin. Microscopy Lab. Whitney, H. M. S.	
3	Psychiatry Clinic Cowles, McL. H.	Comp. Et. Infec. Dis. Lecture Smith, Room A	Comp. Et. Infec. Dis. Lecture Smith, Room A	Municip. Sanita. Lecture Durgin, Room A	Psychiatry Clinic Lane, B. I. H.
		Orthopedic Surg. Clinic Bradford, Ch. H.		Clinical Medicine Conference Room C	Orthopedic Surg. Clinic Bradford, Ch. H.
4		Gynaecology Conference C. M. Green, Room C			
	Oper. Obstetrics Dem. (s, 2 hrs.) H. M. S.	Hygiene Lecture Harrington, Room A	Hygiene Lecture Harrington, Room A	Hygiene Lecture Harrington, Room A	
5					
7.30	Clinic (s) Accident-room M. G. H.	Clinic (s) Accident-room M. G. H.	Clinic (s) Accident-room M. G. H.	Clinic (s) Accident-room M. G. H.	Clinic (s) Accident-room M. G. H.

MARCH.

	Monday.	Tuesday.	Wednesday.	Thursday.	Friday.	Saturday.
9	Clinical Medicine Prac. Therapeutics Shattuck, M. G. II.	<i>Gynaecology</i> Clinic C. M. Green, B. C. II.	Surgical Visit B. C. II.	Clinical Medicine Clinic Witlington, B. C. II.	<i>Gynaecology</i> Clinic C. M. Green, B. C. II.	
	<i>Otology</i> Clinic (2 hrs.) J. O. Green, E. & E. I.		<i>Otology</i> Clinic (2 hrs.) J. O. Green, E. & E. I.		<i>Otology</i> Clinic (2 hrs.) J. O. Green, E. & E. I.	
10			<i>Ophthalmology</i> Clinic (2 hrs.) Wadsworth, E. & E. I.	Clinical Surgery Lecture (2 hrs.) Burrell, B. C. H.		<i>Ophthalmology</i> Clinic (2 hrs.) Wadsworth, E. & E. I.
		<i>Dermatology</i> Clinic White, M. G. H.			<i>Dermatology</i> Clinic White, M. G. H.	
11	Surgical Clinic M. G. II.	<i>Orthopedic Surg.</i> Clinic Bradford, Ch. II.		<i>Orthopedic Surg.</i> Clinic Bradford, Ch. II.		
		Diagnosis in Clinical Surgery Clinic C. B. Porter, M. G. II.	Clinical Medicine Practical Exercise Clinic R. C. Cabot, M. G. H.		Clinical Medicine Practical Exercise Clinic R. C. Cabot, M. G. H. II. Jackson, B. C. II.	
						Surgical oper. M. G. II.
					Surgical oper. B. C. H.	

12	Clinical Surgery Lecture M. H. Richardson M. G. H.	Infectious Diseases Clinic (s) McCollom, B. C. H.	Neurology Clinic Knapp, B. C. H.	Genito-urin. Surg. Clin. Lect. Watson, B. C. H.	Infectious Diseases Clinic (s) McCollom, B. C. H.
	Neurology Clinic Knapp, B. C. H.				
2	Exper. Physiol. Lab. (2 hrs.) W. T. Porter, H. M. S.	Clin. Microscopy Lab. Whitney, H. M. S.	Exper. Physiol. Lab. (2 hrs.) W. T. Porter, H. M. S.	Clin. Microscopy Lab. (2 hrs.) W. T. Porter, H. M. S.	Exper. Physiol. Lab. (2 hrs.) W. T. Porter, H. M. S.
					Clin. Microscopy Lab. Whitney, H. M. S.
3	Psychiatry Clinic Cowles, McL. H.	Comp. Et. Infec. Dis. Lecture Smith, Room A	Municip. Sanita. Lecture Durgin, Room A	Comp. Et. Infec. Dis. Lecture Smith, Room A	Municip. Sanita. Lecture Durgin, Room A
		Orthopedic Surg. Clinic Bradford, Ch. H.	Ovar. Tumors Lecture (2 wks.) Homans, Room E		Psychiatry Clinic Lane, B. I. H.
4		Gynaecology Conference C. M. Green, Room C			Orthopedic Surg. Clinic Bradford, Ch. H.
5		Hygiene Lecture Harrington Room A		Hygiene Lecture Harrington, Room A	
7.30	Clinic (s) Accident-room M. G. H.	Clinic (s) Accident-room M. G. H.	Clinic (s) Accident-room M. G. H.	Clinic (s) Accident-room M. G. H.	Clinic (s) Accident-room M. G. H.

APRIL.

	APRIL.					
	Monday.	Tuesday.	Wednesday.	Thursday.	Friday.	Saturday.
9	Clinical Medicine Prac. Therapeutics Shattuck, M. G. H.	<i>Gynaecology</i> Clinic C. M. Green, B. C. H.	Surgical Visit B. C. H.	Clinical Medicine Clinic Withington, B. C. H.	<i>Gynaecology</i> Clinic C. M. Green, B. C. H.	<i>Otology</i> Clinic (2 hrs.) Blake, E. & E. I.
		<i>Otology</i> Clinic (2 hrs.) Blake, E. & E. I.		<i>Otology</i> Clinic (2 hrs.) Blake, E. & E. I.		
10			<i>Ophthalmology</i> Clinic (2 hrs.) Wadsworth E. & E. I.	Clinical Surgery Lecture (2 hrs.) Burrell, B. C. H.		<i>Ophthalmology</i> Clinic (2 hrs.) Wadsworth E. & E. I.
	Surgical Clinic M. G. H.	<i>Dermatology</i> Clinic White, M. G. H.			<i>Dermatology</i> Clinic White, M. G. H.	
11		<i>Orthopedic Surg.</i> Clinic Bradford, Ch. H.		<i>Orthopedic Surg.</i> Clinic Bradford, Ch. H.		
		Diagnosis in Clinical Surgery Clinic C. B. Porter, M. G. H.	Clinical Medicine Practical Exercise Clinic R. C. Cabot, M. G. H.		Clinical Medicine Practical Exercise Clinic R. C. Cabot, M. G. H.	Clinical Medicine Practical Exercise Clinic H. Jackson, B. C. H.
						Surgical oper. M. G. H.
					Surgical oper. B. C. H.	

12	Clinical Surgery Lecture M. H. Richardson M. G. H.	Infectious Diseases Clinic (s) McCollom, B. C. II.	Neurology Clinic Knapp, B. C. II.	Genito-urin. Surg. Clinical Lecture Watson, B. C. II.	Infectious Diseases Clinic (s) McCollom, B. C. II.	
	Neurology Clinic Knapp, B. C. II.					
2	<i>Exper. Physiol.</i> Lab. (2 hrs.) W. T. Porter, H. M. S.	<i>Clin. Microscopy</i> Lab. Whitney, H. M. S.	<i>Exper. Physiol.</i> Lab. (2 hrs.) W. T. Porter, H. M. S.	<i>Clin. Microscopy</i> Lab. Whitney, H. M. S.	<i>Exper. Physiol.</i> Lab. (2 hrs.) W. T. Porter, H. M. S.	
					<i>Clin. Microscopy</i> Lab. Whitney, H. M. S.	
3	Psychiatry Clinic Cowles, McL. H.	<i>Comp. Et. Infec. Dis.</i> Lecture Smith, Room A		<i>Comp. Et. Infec. Dis.</i> Lecture Smith, Room A		Psychiatry Clinic Lane, B. I. II.
		<i>Orthopedic Surg.</i> Clinic Bradford, Ch. II.			Clinical Medicine Conference Room C	<i>Orthopedic Surg.</i> Clinic Bradford, Ch. II.
4		<i>Gynaecology</i> Conference C. M. Green, Room C				
		Hygiene Lecture Harrington, Rm. A		Hygiene Lecture Harrington, Rm. A	Hygiene Lecture Harrington, Rm. A	
5		Clinic (s) Accident-room M. G. II.	Clinic (s) Accident-room M. G. II.	Clinic (s) Accident-room M. G. H.	Clinic (s) Accident-room M. G. H.	Clinic (s) Accident-room M. G. H.
7.30	Clinic (s) Accident-room M. G. II.	Clinic (s) Accident-room M. G. II.	Clinic (s) Accident-room M. G. H.	Clinic (s) Accident-room M. G. H.	Clinic (s) Accident-room M. G. H.	Clinic (s) Accident-room M. G. H.

MAY.

	Monday.	Tuesday.	Wednesday.	Thursday.	Friday.	Saturday.
9	Clinical Medicine Prac. Therapeutics Shattuck, M. G. H.	<i>Otology</i> Clinic (2 hrs.) Blake, E. & E. I.	Surgical Visit B. C. H.	Clinical Medicine Clinic Withington, B. C. H.		<i>Otology</i> Clinic (2 hrs.) Blake, E. & E. I.
		<i>Gynaecology</i> Clinic C. M. Green, B. C. H.		<i>Otology</i> Clinic (2 hrs.) Blake, E. & E. I.	<i>Gynaecology</i> Clinic C. M. Green, B. C. H.	
			<i>Ophthalmology</i> Clinic (2 hrs.) Wadsworth, E. & E. I.	Clinical Surgery Lecture (2 hrs.) Burrell, B. C. H.		<i>Ophthalmology</i> Clinic (2 hrs.) Wadsworth, E. & E. I.
10	Surgical Clinic M. G. H.	<i>Dermatology</i> Clinic White, M. G. H.			<i>Dermatology</i> Clinic White, M. G. H.	
		<i>Orthopedic Surg.</i> Clinic Bradford, Ch. H.		<i>Orthopedic Surg.</i> Clinic Bradford, Ch. H.		
		Diagnosis in Clinical Surgery. Clinic C.B. Porter, M. G. H.	Clinical Medicine Practical Exercise Clinic R. C. Cabot, M. G. H.		Clinical Medicine Practical Exercise Clinic R. C. Cabot, M. G. H.	Clinical Medicine Practical Exercise Clinic H. Jackson, B. C. H.
11						Surgical oper. M. G. H.
					Surgical oper. B. C. H.	

12	Neurology Clinic Knapp, B. C. H.	Infectious Diseases Clinic (s) McCollom, B. C. H.	Neurology Clinic Knapp, B. C. H.	Genito-urin. Surg. Clin. Lect. Watson, B. C. H.	Infectious Diseases Clinic (s) McCollom, B. C. H.
2	Exper. Physiol. Lab. (2 hrs.) W. T. Porter, H. M. S.	Clin. Microscopy Lab. Whitney, H. M. S.	Exper. Physiol. Lab. (2 hrs.) W. T. Porter, H. M. S.	Clin. Microscopy Lab. Whitney, H. M. S.	Exper. Physiol. Lab. (2 hrs.) W. T. Porter, H. M. S.
3		Comp. Et. Infec. Dis. Lecture Smith, Room A		Comp. Et. Infec. Dis. Lecture Smith, Room A	
4		Orthopedic Surg. Clinic Bradford, Ch. H.			Orthopedic Surg. Clinic Bradford, Ch. H.
5		Gynaecology Conference C. M. Green, Room C			
7.30	Clinic (s) Accident-room M. G. H.	Clinic (s) Accident-room M. G. H.	Clinic (s) Accident-room M. G. H.	Hygiene Lecture Harrington, Room A	Hygiene Lecture Harrington, Room A
				Clinic (s) Accident-room M. G. H.	Clinic (s) Accident-room M. G. H.

DEGREES.

On Commencement Day, June 25, 1902, degrees were conferred as follows:—

M. D.

Adams, Carl Schadiker.	Garland, Frederick Eugene, A.B.
Adams, John Dresser.	Gay, Fritz Walter, A.B.
Andrews, John Henry, A.B.	Gay, Herbert Seymour.
Bain, John Baxter.	George, Frank William.
Baker, George Lorimer.	Gleason, George Hathaway.
Barnes, Allan Foster, A.B.	Goodridge, Frederick James, A.B.
Bartlett, Walter Oscar.	Granger, Frank Butler, A.B.
Belding, John Eastman, PH.B.	Gray, Hugh Barr.
Bellamy, William Woolsey.	Hamilton, Robert De Lancey, A.B.
Bowditch, Henry Ingersoll, A.B.	Hammond, Roland, A.B.
Bradley, Charles Henderson.	Hathaway, George Stimpson.
Buckley, William Stephen.	Heffernan, David Aloysius.
Bufford, John Henry.	Hodges, Stoughton Fletcher.
Bulkeley, Frank Stedman.	Hoey, Warren Henry.
Campbell, Franklin Edward.	Hollister, Robert Russell, A.B.
Caulfield, Thomas Edward.	Howard, Perez Briggs.
Closson, Leon Monroe, A.B.	Hunt, Wilson Eugene.
Cort, Parker Martin.	Irving, John James.
Cragin, Donald Brett.	Jones, Francis Joseph.
Crocker, Louis Allen, PH.B.	Kane, John Austin.
Cunningham, John Henry, Jr.	Keene, Charles Herbert, A.B.
Davison, Arthur Howard.	Kelley, Walter Henry.
Dennen, Joseph Horace, M.D.V.	Kent, Bradford.
Dennett, Roger Herbert, S.B.	Kilbourn, Arthur Goss, A.B.
DeNormandie, Robert Laurent, A.B.	Knight, Frank Henry.
Donaldson, James Frank, A.B.	Knowles, Robert Kennebrough
Doray, Frank Leslie.	Black, A.B.
Dore, Francis James.	Lang, Herbert Bowman, A.B.
Drake, Richard Alvin.	Lepper, David Barnard.
Ellis, Robert Hale.	Lilley, Albert Henry.
Emmons, Arthur Brewster, 2d, A.B.	Little, George Thomas.
Evans, Albert.	Lowell, William Holbrook.
Evans, Miner Harlow Amos, Jr.	Lynch, Cornelius Joseph, A.B.
Feiss, Henry Otto, A.B.	MacCormick, John Allan.
Furrer, Arnold Frotcham.	McPherson, Ross, A.B.
Gardner, Archibald Robert.	Mahon, Edward.

Mitchell, John Joseph.	Shaw, Frederick King.
Moore, George Colton, A.B.	Sims, Frederick Robertson.
Murphy, Patrick William, A.B.	Smith, Appleton White, A.B.
Myers, Samuel William.	Smith, Forster Hanson, A.B.
Neilson, John Land.	Snow, Frank Whipple.
Nelligan, John Patrick.	Spalding, Roger, S.B.
Nute, Albert James, S.B.	Stearns, Robert Thomas, A.B.
O'Brien, Charles Thomas, A.B.	Stratton, Ralph Ricker, A.B.
O'Hearn, Daniel Aloysius, A.B.	Stubbs, Richard Henry, A.B.
Packard, Frederic Henry, A.B.	Thomas, Raphael Clarke, A.B.
Rice, Robert Astley, S.B.	Thompson, Charles Edward.
Richmond, Ivus Irvin.	Thorndike, Townsend William.
Robbins, Michael Uriah.	Tilley, Frank William, A.B.
Roberts, Albert Joseph.	Torbert, James Rockwell, PH.B.
Roberts, William Frederick, A.B.	Tyzzar, Ernest Edward, PH.B., A.M.
Robinson, Harry Pringle.	Walker, William Emrich, A.B.
Rollins, Edwin Theodore.	Williams, Allen Hamilton, A.B.
Scott, George Dow, S.B., A.B.	Wilson, Louis Thornton, S.B.
Sennott, John Ralph.	Wynne, Richard.

M. D. cum laude.

Barrows, Albert Armington, PH.B.	Hunt, Ernest Leroi.
Belknap, James Lyman, S.B.	Mills, Lloyd Hunter.
Buffum, William Henry, A.B.	Murphy, Arthur Sterling.
Feldstein, Samuel.	Palfrey, Francis Winslow, A.B.
Ferguson, John Burnham, A.B.	Porter, Robert Brastow, A.B.
Goodall, Harry Winfred, A.B.	Prescott, Henry Dudley, A.B.
Greenwood, Arthur Moses, A.B.	Quinby, William Carter, A.B.
Hearn, Walter Lawrence.	Robinson, Samuel, A.B.
Henderson, Lawrence Joseph, A.B.	Sherman, William Anthony, A.B.
Hooker, Stuart Van Rensselaer, A.B.	Small, Ernest Winfield.
	Vincent, Beth, A.B.

M. D. (*Out of Course.*)

John Joseph Dowling, as of the class of 1894.

ADMISSION EXAMINATION.

JUNE, 1902.

CHEMISTRY.

1. Define : valence, base, acid, anhydride, alkali.
2. Give the properties and method of preparation of nitric acid.
3. Write the formulae of all the possible sodium salts of phosphoric acid.
4. Sources and properties of phosphorus?
5. How may arsenic and antimony be distinguished?
6. Ferrous and ferric salts, differences?
7. Give the final tests for Hg^1 , Hg^2 , Cd, Mg, K.

EXAMINATION PAPERS.

(*Annual Examinations, 1902.*)

First Year's Studies.

ANATOMY.—Professor DWIGHT.

Describe :—

1. The tibia.
2. The flexor sublimis digitorum, supinator longus, peroneus longus, and tibialis posticus muscles.
3. The relations of the second and third portions of the subclavian artery.
4. The mesentery of the jejunum and ileum.
5. The ulnar nerve.
6. The phrenic nerve.

HISTOLOGY.—Professor C. S. MINOT.

[Each student is given four sections numbered to correspond with the questions below. He is expected to make simple drawings only, but sufficient to show that he has correctly identified the parts. Any student who draws tissues or structures, not shown in his preparation, will be considered to have failed in all his answers.]

1. Draw all the tissues in the preparation. Describe their staining. What is the organ?

2. Draw and describe the general distribution of the nerve fibres. How are the fibres stained? In what plane is the section made?

3. Draw the principal kinds of nuclei shown in the preparation and state to what kind of cell each belongs.

4. Draw the blood vessels of the organ so as to illustrate the histological differences between the various kinds of blood vessels shown in the preparation.

1. Human breast; Mallory stain. 2. Cerebellum; Weigert's copper haematoxyline.
3. Spleen; alum haematoxyline. 4. Liver; alum haematoxyline and Orange G.

PHYSIOLOGY.—Professor W. T. PORTER.

(Answer any three questions, but not more than three. The answer to any one question must not exceed three hundred words. Mention, where possible, experimental evidence in support of your opinion. Matter not bearing directly on the question asked will count against the writer.)

1. Give an account of the innervation of the heart.
2. Describe the digestion of proteids.

3. Discuss the sensory functions of the skin.
4. Sketch the metabolism of carbohydrates.

"The students in physiology are marked also upon daily written tests and upon the laboratory note-books containing the graphic records and protocols of their experiments."

PRACTICAL EXAMINATION IN PHYSIOLOGY.

[Each student is required to make six of the nine experiments bearing his number, and to write an account of his observations on the blank furnished herewith. Where the results of the experiments are not expressed in a graphic record they must be demonstrated to the instructor.]

1. Show the action of the sympathetic on the heart. Demonstrate the spreading of impulses in the central nervous system. Record curves showing the influence of changes in the aortic pressure on the interval between the beginning of ventricular contraction and the opening of the semilunar valves (in the artificial scheme).
2. Demonstrate that the cardiac systole is a simple contraction. Show the influence of load on the work done by skeletal muscle. Show where the more complicated coördinated reflex acts have their centres.
3. Show evidence that the ventricular contraction wave may be transmitted by muscular tissue. Prove that the excitability of a nerve is altered in the neighborhood of the anode and the cathode during the passage of the galvanic current. Secure a record of the effect of duration of stimulus on smooth muscle.
4. Furnish experimental evidence for an explanation of the auriculo-ventricular interval. Prove that the galvanic current stimulates during the whole time of its passage through an irritable tissue. Demonstrate the influence of load on ventricular contraction.
5. Prove the existence of tonic contraction of muscle. Demonstrate the current of action in muscle and nerve. Give experimental evidence that the vagus connects with the nerve cells in the heart.
6. Demonstrate polar stimulation by the galvanic current. Show the vasomotor functions of the spinal cord. Demonstrate the inhibition of reflex action in the frog.
7. Show by diagram the method of determining the size of a retinal image. Demonstrate that the nervous impulse must pass to the central nervous system before it can produce a reflex action. Demonstrate the difference in the physiology of smooth and striated muscles.
8. Show the function of the anterior spinal nerve-roots. Record with the artificial scheme pulse curves of low arterial tension and high arterial tension, and discuss their method of production. Construct a diagram showing the formation of the image in myopia.
9. Show the effect of inhibition of the heart on arterial pressure in the frog. Demonstrate on muscle the different effect of sudden and of gradual increase in intensity of stimulus. Prove the discontinuous nature of tetanic contraction.
10. Determine the effect of stimulation of the vagus on the beat of the ventricle. Show that all contractions of heart muscle are maximal. Give experimental evidence that a nerve fibre may conduct impulses in both directions.

11. Prove that the extensibility of muscle is increased in tetanus. Demonstrate the limits of the refractory period and the existence of the compensatory pause. Prove that the demarcation current (current of injury) may act as a stimulus.

12. Show the influence of temperature on the form of the contraction wave of skeletal muscle. Produce evidence that irritability is separable from conductivity. Show that the control of movements is localized at different levels of the spinal cord.

13. Show that a constant stimulus may cause periodic contraction. Show the influence of fatigue on muscular contraction. Draw a construction showing the formation of the image in the indirect method of observing the retina.

14. Show the segmental arrangement of the reflex apparatus. Construct a diagram showing the formation of the image in hypermetropia. Show the influence of an increase in peripheral resistance on the blood pressure in the frog.

15. Prove the independent irritability of muscle. Show experimental proof of the law of contraction with weak, medium, and strong ascending currents. Make a record of minimal and maximal stimulation and show the effect of summation.

16. Compare an isometric contraction with an isotonic contraction. Obtain from the artificial scheme of the circulation a characteristic pulse curve of aortic regurgitation and explain its production. Demonstrate and discuss the apparent purpose in reflex action.

PHYSIOLOGICAL CHEMISTRY.—Professor W. B. HILLS.

1. Glycogen. Occurrence? Isolation? Properties?
2. Proteoses. From what, and under what influences, are they formed? What characteristic properties distinguish them from other proteids?
3. Name the secondary constituents (extractives) of muscle. Which are products of the activity of the muscle?
4. Give a brief account of intestinal digestion.
5. Give the steps in the metabolism of proteids, so far as known.
6. Give the principle of Kjeldahl's method for the determination of total nitrogen.
7. Name the important aromatic constituents of urine. What is their origin?
8. Describe haemoglobin, its compounds and derivatives.

PRACTICAL EXAMINATION.

1. Determine what, if any, pathological constituents are present in the urine provided, and estimate the amount of chlorine and urea, assuming that the total quantity of urine is 1500 c.c. (The urine contained one or more of the following: albumin; albumose; glucose.)

2. Test the solution provided, for carbohydrates, proteids, digestive enzymes, and gastric acids.

Second Year's Studies.**ANATOMY.** — Professor DWIGHT.

[Answer the questions as briefly as possible.]

1. How does the mucous membrane of the posterior third of the tongue differ from that of the rest of the dorsum?
2. In what bone is the foramen ovale, and what goes through it?
3. At what level is the bifurcation of the trachea? Which bronchus descends most directly?
4. What parts of the heart are seen from the front on opening the pericardium?
5. In what respects do the two orifices of the stomach differ?
6. Describe the usual course of the duodenum. (The relations are not asked for.)
7. Describe the course of the tendon of the peroneus longus.
8. In what part of the liver is the lobe of Spigelius? Between what structures does it lie?
9. Where is the coeliac axis? What does it supply?
10. What and where is the prostate?
11. What parts of the intestine are in relation with the right kidney?
12. Give the origin and insertion of the round ligament of the hip.
13. What is the perineal body in the female?
14. What are the relations of the internal capsule of the brain as seen in a horizontal section?
15. What important nerves are found in the posterior mediastinum?
16. What and where is the pituitary body?
17. What ligaments connect the radius and ulna?
18. What is the tunica vaginalis, and from what is it derived?
19. What nerve supplies the deltoid? and what else does the same nerve supply?
20. What does the cavity of the tympanum open into in front and behind?

BACTERIOLOGY. — Professor ERNST.

1. What are the advantages and disadvantages of "nutrient gelatine" as a culture medium, and how is it prepared?
2. Describe the bacteria concerned in the production of pneumonia.
3. What are the differences, from a bacteriological point of view, between a septicemia, a pyemia, and a toxemia?
4. What are the biological and morphological characteristics of *Staphylococcus Pyogenes Aureus*?

PATHOLOGY. — Professor COUNCILMAN.

1. State the macroscopic (naked eye) and microscopic characteristics of necrotic tissues, by means of which you would recognize necrosis.
2. Give the most common situations, appearance, microscopic structure, and mode of formation of the membrane formed in diphtheria.
3. Describe the character and mode of formation of typhoid ulcers. How do the typhoid lesions in the large intestine differ from those in the small?
4. Describe the lesions which are produced in the large intestine in dysentery due to the amoeba coli.
5. Beginning with an acute endocarditis of the mitral valve trace the series of conditions which would lead to chronic passive congestion of the liver.
6. Describe the two forms of tuberculosis of the kidney.
7. Acute interstitial nephritis. State the nature of the lesion; in connection with what diseases is it most common?
8. What conditions of the circulation and of the vessels predispose to the formation of a thrombus. Describe the microscopic structure of a recent thrombus.
9. What is the most common tumor of the kidney. Describe its structure.
10. Describe the different varieties of exudation.

CLINICAL CHEMISTRY. — Professor WOOD.

1. How detect albumose in the urine in cases of true albumosuria?
2. What changes occur in the urine during the progress of a case of subacute glomerular nephritis?
3. What is the usual character of the urine in a case of tubercular pyelocystitis?
4. Under what conditions are the chlorides almost absent from the urine?
5. Discuss the following specimens, giving reasons for the inferences which may be drawn from them: —

CASE A.

Slightly smoky. Acid. Sp. Gr. = 1012. Considerable sediment.

Uph. = n.	$\bar{U} = 1.51\%$	Cl. = 0.055%	E. P. = —.
Ind. = n.	$\bar{U} = 0.038\%$	Sf. = —.	A. P. = —.

Trace of albumin. No bile or sugar.

Sediment = numerous hyaline, granular, and brown-granular casts, few blood, epithelial, and fibrinous casts; numerous renal and caudate pelvic cells, and blood globules.

Amount of urine	in 24 hours = 950 cc.
“ “ urea	“ “ “ = 14.345 grms.
“ “ uric acid	“ “ “ = 0.361 “
“ “ chlorine	“ “ “ = 0.522 “
“ “ phosphoric acid	“ “ “ = 0.788 “

6. CASE B.

Pale. Acid. Sp. Gr. = 1012. Considerable sediment.

Uph. = —.	$\bar{U}^+ = 1.1\%$.	Cl. = 0.2%.	E. P. = —.
Ind. = n.	$\bar{U}^- = 0.02\%$.	Sf. = —.	A. P. = —.

Albumin = $\frac{1}{8}\%$. No bile or sugar.

Sediment = free renal cells, some of which are fatty; numerous hyaline, granular, coarsely-granular and waxy casts, some with oil globules and fatty cells and rarely one with an occasional blood globule adherent.

Amount of urine	in 24 hours = 1200 cc.
“ “ urea	“ “ “ = 13.20 grms.
“ “ uric acid	“ “ “ = 0.24 “
“ “ chlorine	“ “ “ = 2.40 “
“ “ phosphoric acid	“ “ “ = 1.08 “

7. What are the conditions of the blood which can be diagnosticated by the clinical method of examination, which are of value as aids in the diagnosis of disease? What abnormal conditions are evidenced by the following record of examination of a stained specimen: “The blood shows considerable achromia and some poikilocytosis. The volume index is normal. No blasts are present. The white corpuscles are somewhat increased in number. Differential count of 500 leucocytes shows:—

Basophiles = 14%. Neutrophiles = 85%.

Oxyphiles = 0.5%. Myelocytes = 0.5%.

No parasites are present. No granular stippling present.

8. Sources, symptoms, and post-mortem appearances in a case of arseniuretted hydrogen poisoning?

MATERIA MEDICA AND THERAPEUTICS —Asst. Professor PFAFF.

1. Pharmacological action of mercury and its uses?
2. Action of arsenic and antimony?
3. Action of apomorphine?
4. Action of digitalis and the rational indication for its use?
5. Action, uses, and untoward effects of carbolic acid and salicylic acid?
6. General methods of treatment in kidney diseases and their mode of action.
7. Write prescriptions for the following, avoiding abbreviations and give directions in full to the patient:—
a) Ergot; b) strophanthus; c) zinc sulphate; d) chrysarobin; e) potassium bromide; f) iron; g) sodium nitrite.
8. Action of hydrocyanic acid?

Third Year Studies.**THEORY AND PRACTICE. — Professor FITZ.**

1. Discuss the use and abuse of the term anto-intoxication.
2. The effects of obesity and its treatment.
3. Discriminate between benignant and malignant lymphoma.
4. Classify and enumerate the causes of enlargement of the spleen.
5. The diagnosis and treatment of chronic myocarditis.
6. Discriminate between organic, relative and functional, valvular insufficiency.
7. The etiology and diagnosis of capillary bronchitis.
8. The advantages and disadvantages of the surgical treatment of cancer of the stomach.
9. The diagnosis and treatment of atony of the colon.
10. The disturbances which may result from a movable kidney.

PEDIATRICS. — Professor ROTCH.

[More credit will be given to an intelligent discussion of the case than to a correct diagnosis unsupported by such discussion.]

1. Give the differential diagnosis of the following case :—

A boy, three months old, was first seen on April 23. No definite history of any inherited tendency was obtained, but the mother was said to have had a hemorrhage from the lungs about nine months before his birth, and to have had a cough ever since. The father was also said to have had some chronic trouble with the lungs, but both mother and father were living. There were five other children in the family, all well; no deaths.

This infant was born at full term after a normal labor. The birth weight was not known. He had always been fed on condensed milk, and was given as large a quantity as he would take at any and at all times. He had never gained in weight, and had vomited occasionally. His bowels had always been constipated. He slept fairly well, and was never a fretful baby.

Physical examination showed that he was poorly developed and nourished. There was marked pallor of the skin and mucous membranes. The skin was dry, and there was a papular efflorescence over the lower part of the abdomen, the thighs, and the buttocks. The anterior fontanelle was $2\frac{1}{2}$ cm. in diameter and depressed. The eyes were bright, but the child did not seem to notice much. The tongue was dry and considerably coated. There was a slight rosary. The heart and lungs showed nothing abnormal. The upper border of hepatic dullness began at the upper border of the sixth rib. The lower border was palpable $3\frac{1}{2}$ cm. below the costal border. The spleen was palpable 2 cm. below the costal border. The level of the abdomen was below that of the thorax. There was a slight umbilical hernia. The genitals were normal. The inguinal and cervical glands were moderately enlarged; the axillary glands were not enlarged.

The temperature was 39.4°C . (102.6°F .), the pulse was 170, the respirations were 40, and the weight was 3400 grammes (about $7\frac{1}{2}$ lbs.). The

infant was given a weak modified milk. The following day the temperature was found to be 37.7°C . (99.8°F .). It did not rise again. The pulse was found to be 140 and continued at that rate; the respirations varied from 40 to 60.

He took his milk poorly, but did not vomit; the bowels moved once or twice a day; the movements were smooth, yellow, and semi-solid, with no curds or mucus, the odor being somewhat sour.

On April 26, a few fine and medium moist râles were found in both bases of the lungs behind; nothing else abnormal was detected in the lungs, there was no cough, and the temperature did not rise.

From this time the infant lost progressively in weight and strength, and became much emaciated. On April 29, he refused to take his food, and what food he did take was swallowed with difficulty, so that he had to be fed with a dropper. He died suddenly at 2 o'clock the same afternoon.

2. Why is a simple dilution of cow's milk inadequate to meet the requirements of infant feeding?

Write a prescription for a home modification for a normal infant of one month, giving full directions to the mother for its preparation and administration.

3. Why is it sometimes difficult in young children to differentiate between pneumonia, typhoid fever, and meningitis, during the first few days of the disease?

4. Give the treatment of a case of acute ileo-colitis, of average severity, in an infant 8 months old.

5. Contrast the prodromal symptoms which usually occur in scarlet fever and measles, and the temperature curve from the time of the rise in the beginning of the attack, to when the temperature again becomes normal.

6. Give the differential diagnosis between a large pericardial effusion and solidification of the middle lobe of the right lung.

SURGERY. — Professor WARREN.

1. Fracture of the ribs. Give symptoms, complications, and treatment.
2. What are the microscopical changes seen in the healing of a wound of the skin?
3. What are the loose fractures of the hip joint? How are they distinguished from impacted fracture?
4. What are the dangers of ether and chloroform as anesthetics?
5. Give the causes and symptoms of peritonitis.
6. Secondary hemorrhage: its causes and treatment.
7. Fracture dislocation of the spine. Give the symptoms and prognosis.
8. The diagnosis of tumor in the right hypochondrium.
9. Give the differential diagnosis of an ulcer of the tongue.
10. Give the treatment of ischio rectal abscess.

OBSTETRICS. — Professor W. L. RICHARDSON.

1. What is meant by the term presentation? Give the varieties. What is meant by the term position? Give the varieties.
2. Contraction ring. Under what circumstances may it arise? Diagnosis? Treatment?
3. Name four indications demanding interference in the interest of the mother. Describe in detail the treatment of one of the conditions named.
4. Describe in detail how to prepare the twenty-four hours' food for a healthy baby four weeks old, whose mother is obliged to stop nursing
5. What are prolapse and presentation of the funis and the treatment of each?
6. Describe the indications and contra-indications for the Caesarian operation.
7. A primipara has a long first stage, but delivers herself in a rapid second stage without medical attendance. A physician visits the case shortly after labor, and finds a large caput succedaneum over the anterior, superior angle of the left parietal bone of the infant. What was the position of the head when the caput was formed?
8. A multigravida, nearly at full term, retired for the night in perfect health. Arising in the dark, she stumbled over some obstruction, and fell heavily against a chair. Soon after, she began to feel faint, and complained of a dull pain in the right upper quadrant. A physician found her with a weak, thready pulse, and with evident pallor and anxiety of countenance. There was no dilatation of the os uteri, and no symptoms other than those mentioned. Palpation revealed no uterine contractions; but the uterus was noticeably tense, and there seemed to be some bulging near the right cornu. Diagnosis and treatment.
9. Mention some of the causes of so-called emotional, or psychical fever occurring in the puerperium. What are the characteristics of the chart in this type of fever, as compared with the chart of septic infection?
10. Symptoms and treatment of puerperal septicaemia?

GYNAECOLOGY. — Asst. Professor DAVENPORT.

1. Antelexion of the uterus; its etiology and diagnosis.
2. Give the symptoms, immediate and remote, of laceration of the cervix.
3. Describe briefly the Alexander operation, and suspensio uteri, and give the indications for each.
4. Palliative treatment in inoperable cases of cancer of the uterus.
5. Describe the glycerine tampon and its uses.

DERMATOLOGY. — Professor WHITE.

1. Affections of sweat glands.
2. Urticaria.
3. Treatment of eczema.
4. Elephantiasis.
5. Vegetable parasitic diseases.

NEUROLOGY. — Professor PUTNAM.

1. Give the knee-jerk in the following diseases, distinguishing, when necessary, between different stages of the diseases. Plus and minus signs may be used, if desired; and the diseases may be designated by the letters *a, b, c, d*, etc. :—

a) Tabes; *b*) spastic spinal paralysis; *c*) progressive muscular atrophy; *d*) amyotrophic lateral sclerosis; *e*) progressive muscular dystrophy; *f*) anterior poliomyelitis of the lumbar region; *g*) transverse myelitis; *h*) diffuse degeneration of the spinal cord (as in pernicious anaemia); *i*) tumor involving the spinal cord; *j*) Pott's disease; *k*) cerebral hemiplegia (capsular); *l*) lead paralysis; *m*) diphtheritic paralysis; *n*) hysteria; *o*) neurasthenia.

2. CASE I. Female patient; unmarried; music teacher; forty years old.

Present condition. Incomplete wasting of the intrinsic muscles of one hand (right); little or no disturbance of sensibility; "partial reaction of degeneration" of the affected muscles; diffuse pain in right arm, increased by use, and by the pressure of tight clothing.

History of illness. Two attacks of pneumonia, 12 and 2 years ago respectively, each followed by intense pain in the right shoulder and arm. Incomplete recovery from the first attack. The muscular wasting came on with the second attack. The pain has subsided in great measure since the last attack, but the muscles show little, if any, tendency to improve.

Has she progressive muscular atrophy or neuritis, and what signs, if any, would be needed to confirm either diagnosis?

3. CASE II. Female patient; married; three children; thirty years of age.

Present condition. Frequent (almost daily) attacks of one or the other of the following sorts, both occurring at night only; (*a*) tickling or pricking, and sometimes painful, sensations in the left thumb, followed by strong flexion of the fingers and inward rotation of the hand with flexion at the elbow and abduction at the shoulder, the whole seizure lasting one or two minutes and passing off without loss of consciousness; (*b*) attacks beginning as above, but passing rapidly into a condition in which consciousness is impaired. During this stage the patient usually gets up out of bed and walks about the room for eight or ten minutes, then gets into bed again and falls asleep. No memory of this occurrence is preserved in the morning.

History of illness. These attacks began during the patient's pregnancy with her second child. For the first year and a half only the seizures of

the first sort occurred, but during the third pregnancy those of the second sort made their appearance.

The patient did not suffer from headache or vomiting. The children are healthy and the patient has had no miscarriages.

Is the diagnosis hysteria or epilepsy; and if epilepsy, of what type? What further data, if any, would be needed to justify a conclusion? Mention in this connection the points of differential diagnosis between hysteria and epilepsy.

PSYCHIATRY. — Dr. COWLES.

1. What is meant by the term "dissociated idea-system" in certain mental affections?

2. What are organic sensations, and how does the emotional tone appear to be affected by them in melancholia and mania?

3. What are the symptoms of nervous exhaustion, mental and physical?

4. What are the differential characteristics of depressive-maniacal insanity and dementia praecox?

5. CASE. — A woman, single, 45 years; maternal uncle and aunt slightly unbalanced in old age. Well educated, capable, active in social life. No serious illness except bronchitis a year ago. For a year or two had great responsibility in care of sick relative; much fatigued in spring of 1900; little improvement during summer; returned to the city in the fall much run down in strength, sleeping poorly and with poor appetite. Early in November began to worry about financial and domestic difficulties without adequate reason; losing her capacity for managing affairs, became dependent on nurse; soon began to blame herself for trivial things with self-reproach for past actions. Insomnia and loss of weight. Increasingly restless, walking aimlessly about; depressed, but weeping little; inclined to go to the windows frequently, but no suicidal impulse or delusions expressed. Committed to hospital late in November, 1900.

In Hospital. — Very restless, required urging to take food or bath, or to do anything; no resistiveness or perversity, but ideas of having "no right to be here," or "to have things." Physical examination negative, except not well nourished. Restless, moving about; pulse 136, respiration normal. Agitated by delusions of having ruined her people, that she had no money, and was incriminated in wrong doing. She said, "don't be good to me." Difficult for her to fix her attention; with sense of unworthiness thought it wrong to answer questions, but was oriented. Three weeks after admission: less restlessness, and better voluntary control; said she was "nervously afraid, felt uneasy and contrary." Two weeks later: at times cheerful and free from depression, but again worrying; said "I feel as if I were all in a dream"; "I can't make up my mind. I am not myself at all." Eleven weeks after admission: restlessness abating; said "I am miserably unhappy, I can only think how bad I feel, I am selfish"; once she said, "I feel like an invisible ghost, as though no one could see me." In February she said, "I shall never get well, I can't believe what you say. I do not feel cold, heat or hunger as I used to; I am not the same person and never will be." Does not complain of any bodily sensations; but says she cannot make up her mind to do anything; things seem big. She said she had been different for three months before coming to the hospital; one day everything seemed to go

away from her and she had not felt like herself since; then she felt afraid of something, could not say what, but nothing definite. In April much better, went with nurse to the city, shopping, etc.; appeared well, but speaks of that "frightened feeling," and says that things seem unreal. Still has to make obvious effort to occupy herself and complains of feeling languid and that she cannot do things, and this greatly worries her. Once, when congratulated upon her improvement, she asked "why was it that I did not feel tired, as I do now, when I was walking about the room here so much last winter?" In June she had decidedly improved; with restoration of natural sensations she gained confidence in assurances that she would get well; left the hospital and completed a good recovery.

Give diagnosis and prognosis, and state the characteristic symptoms.

Fourth Year Studies.

CLINICAL MEDICINE. — Professor SHATTUCK.

[Discuss these cases in the order in which they are arranged. Assume that symptoms not mentioned are wanting; but as omissions, intentional or not, may occur, state them if essential. The intelligent discussion of the cases will have more weight than a hasty and inconclusive though correct diagnosis. Write out all prescriptions in full.]

CASE 1. — A married woman, 43 years old, is seen April 9. Family history negative. Has had three children, the youngest being twenty years old, and no miscarriages. Eighteen years ago she began to suffer from profuse menstruation which became so excessive and exhausting that eighteen months ago the uterus and appendages were removed. In spite of the cessation of the hemorrhages she says that she has lost ground and grown paler more rapidly since the operation. For the past six months nose bleeds have been frequent and at times so excessive that the nares have been plugged. She has had "feverish turns" lasting several days at a time, but her chief complaint has been of weakness, great dyspnoea, palpitation, and attacks of faintness. Micturition has been more frequent for the past few years, but without increase in the amount. Her legs and ankles have been considerably swollen, but this has been much less apparent lately. About a month ago she had a copious epistaxis, followed, four days latter, by a second, less severe, and has remained in bed ever since. Her temperature was first taken March 28, when it was found to be slightly above normal. Without discoverable local cause it rose steadily till it reached 103° six days later. It fell to normal two days later, but the evening record has since been several times as high as 99.4°. With the rise in her temperature her color, previously very pale, became lemon yellow, but the conjunctivae remained a pearly white. She was greatly exhausted and somewhat delirious, vomiting occasionally either food or bile stained mucus. A very grave prognosis was at this time given by the attending physician. Her habits were good. When seen April 9, patient reported herself as feeling very well, and her mental condition was bright. She was markedly anaemic, but with only a slight yellow tinge remaining. The tongue and mucous membranes were very pale. There was a deep ulceration on the left side of the nasal septum and several crusts were seen on the right. A systolic murmur was heard in the vessels of the neck. The heart's apex was in the fifth space in the nipple line. The cardiac dulness extended a finger's breadth and a half to the right of sternum. A

systolic murmur was heard all over the precordia, rough over the base, but becoming softer as the apex was approached, and transmitted a short distance into the axilla. The pulmonic second was slightly accentuated. The upper border of the liver was at the fifth rib, and its smooth edge could be felt two finger's breadth below the costal margin. The edge of the spleen was readily palpated. The ankles were slightly oedematous. The ophthalmoscope showed a normal fundus. Physical examination was otherwise negative. Urine, sp. gr. 1012, pale, acid, contains the slightest possible trace of albumen. Sediment slight, consisting of leucocytes, and a rare normal red cell; no casts. A blood count, on April 3, showed 300,000 reds, 5400 whites, Hgb. 10%. A differential count of 400 whites showed polymorphonuclear 72%, large mononuclear 12%, small mononuclear 15%, eosinophiles 1%. Ten megaloblasts, 5 normoblasts, and 3 microblasts were seen. Poikilocytosis, macrocytosis, and polychromatophilia were present. A second count made to-day showed 1,000,000 reds, 5800 whites, Hgb. 25%. A differential count of 300 white cells showed no special change in the proportions. Four megaloblasts, 11 normoblasts, and 2 microblasts were found.

Diagnosis? Prognosis? Treatment?

CASE 2.—A school girl, 12 years old, is seen January 8. Her family history was negative. Has had scarlet fever, measles, and diphtheria; rheumatic fever six years ago, lasting three weeks. Has never been very strong. About ten days ago noticed a sore on the outer side of the right heel which has suppurated and grown larger. Five days later she complained of chilly sensations, without distinct chill, and began to have severe frontal headache. She has been feverish ever since, and two days ago vomited after eating. The bowels have been regular. Yesterday a furious delirium developed rather suddenly. To-day an area of swelling with redness and considerable tenderness developed over the left fifth metatarsal bone, and the left wrist became swollen, red, and tender. She requires catheterization. She is fairly developed, but poorly nourished, and so delirious that examination is difficult. Both pupils are widely dilated, and do not react to light. There is no strabismus, and no evidence of paralysis anywhere. The tongue is protruded in the median line. The head is retracted and she resents efforts to flex it, but rotation is apparently normal. The cardiac impulse is diffuse and felt over the whole cardiac area. The apex is in the fifth space a little outside the nipple line. The right border extends one-half inch to the right of sternum. A loud, rough systolic murmur is heard everywhere over the heart with point of maximum intensity at the apex. It is transmitted outward and heard with great distinctness in the left back. The lungs are negative, except for moist râles at the bases behind. The liver extends from the fifth rib to the costal margin. The spleen cannot be felt. Abdomen otherwise negative. Knee-jerks equal and active. The outer aspect of the right ankle from three inches above the external malleolus to the heel is swollen, red, and acutely painful on touch or motion, and on the outer side of the heel there is an ulceration half an inch in diameter. Kernig's sign absent. Pulse 140, regular, easily compressed. Respirations 30. Temperature 101.4°. Leucocytes 10,100. Urine, sp. gr. 1016, acid, large trace of albumen. The sediment consists of fairly numerous hyaline and fine granular casts with an occasional renal cell adherent. Considerable number of normal and abnormal blood cells.

Diagnosis? Prognosis? Treatment?

CASE 3. — A sailor, 39 years old, is seen on November 5. His mother died of "stomach trouble," of what nature he is ignorant. Has had gonorrhoea three times, the last being ten years ago, when he had a sore on his penis. No secondary symptoms were observed. Always well up to two years ago when he began to have epigastric pain after eating. He vomited frequently and usually with relief of pain. After three months in a hospital he improved somewhat, but relapsed immediately after discharge. The old symptoms returned and with them headache and alternate constipation and diarrhoea. He again entered a hospital and remained from April till about four weeks ago, but grew steadily worse with progressive loss of strength and weight. He vomited everything taken. The vomitus, occasionally amounting to a quart at a time, was often "dark in color, and now and then contained a streak of blood." The patient is much prostrated and greatly emaciated. The abdomen is retracted, but appears somewhat more prominent in the epigastrium where there is some rigidity of the muscles and a little tenderness. Physical examination is otherwise negative. Pulse 110, respirations 18, temperature 98°. Urine 1020, alkaline, no albumen, no sugar. The stomach after inflation was found to extend from the normal limit above to an inch below the umbilicus. Its capacity was 54 ounces. Two days ago, an hour after a test breakfast of one ounce of bread and ten ounces of water, twenty ounces of a very sour, brownish fluid, containing considerable mucus, were withdrawn. Free Hcl. absent. Lactic acid, intense reaction. Butyric, present. Blood pigment, absent. Last night the stomach was washed out and again this morning, after which a pint of oat-gruel was given. An hour and a quarter later twenty ounces were withdrawn which contained considerable mucus, but no blood. Free Hcl. absent; combined, present in small quantity. Lactic acid, a trace. Total acidity, .237. Biuret reaction, present. The leucocytes before eating numbered 5600, after, 7300. The stomach after inflation extended from the normal limits above to an inch below the umbilicus. Its capacity was 57 ounces.

Diagnosis? Prognosis? Treatment?

CLINICAL SURGERY. — Professor C. B. PORTER.

CASE 1. — The patient was a single man, 29 years old.

For the past five years he has had more or less trouble with his right knee with the following history: While bicycle riding, six years ago, his wheel got out of control on a steep grade and he jumped off. His knee "snapped" quickly, he lost control of the limb and fell. There was some pain, but he was soon able to rise and walk. The knee did not lock, but the joint soon began to swell and pain him. Ever since then, if his right leg is suddenly or violently twisted outward or inward it seems to catch. He feels some pain and realizes something wrong, as he loses control of the limb temporarily, but does not fall. He feels a ridge on the inner and anterior aspect of the knee joint with something beneath it, which he can push or snap back. Then the motion of the knee is allright, but the joint becomes sore and lame for a few days. This slipping out, etc., occurs at various intervals, especially if the leg is twisted outward.

What is the trouble with his knee?

What would you recommend for treatment?

What are his prospects without treatment?

What are his prospects with treatment?

What are the dangers?

CASE 2. — The patient was a female, aged 13.

Family history negative.

Personal History. Had measles twice and chicken-pox when quite young. She was never very strong. During the past two years she has had frequent short attacks of nausea and faintness on arising in the morning, which have been more marked during the past year. There was no vomiting. At first these attacks came about every two or three months, but later they occurred more frequently, were accompanied by a slight pain in the abdomen, and usually confined her to bed for about twenty-four hours, after which she felt relieved.

Present Illness. During the later part of August, 1900, after attending a picnic, and eating ice cream and pop-corn, she noticed on the way home slight pain in the abdomen which did not seem to be localized, but was general throughout the lower part of the abdomen.

That night she had severe attacks of nausea, and pains in the lower part of the abdomen, which were more marked on the right than on the left side. She vomited a little and felt much relieved. Four or five days later she was again taken with the same attacks of pain, nausea, and vomiting, but worse than before. She was relieved by taking Jamaica ginger. Three or four days after she had similar attacks, but they were worse than any which she had had previously.

She was obliged to give up school and entered the hospital October 1, 1900, with a temperature of 99.6, pulse 69, and respiration 20. After resting in bed for four or five days the pain and tenderness had practically disappeared, her temperature, pulse, and respiration were normal, and she had a white count of 8800. Her bowels were regular, she slept well, and her appetite was fair.

Physical Examination. On physical examination she was found to be a well developed, well nourished, but rather pale child. The heart was irregular, a slight systolic murmur could be heard over the pulmonic area, but no enlargement could be found. The lungs were negative. There was pain and tenderness over the lower part of the abdomen when pressure was applied, and the muscles on the right side were hard and rigid, while those on the left side were quite lax and soft. On taking a deep breath there was pain in the right iliac fossa, which would shoot across to the left side.

What is the probable disease?

Give your reasons for diagnosis.

What treatment would you advise?

What would be the probable result without operation?

CASE 3. — Stricture of the Male Urethra. The patient in this case of stricture of the urethra was 45 years old and unmarried, with a negative family history. Twenty-five years ago he had his first attack of gonorrhoea, and from this attack he soon recovered. The discharge stopped completely and he had no symptoms after this attack. The next attack which he recalls was nine years ago, and following this he was treated for stricture, and, as he remembers, large sized sounds were passed. He says that four years ago he had a sore, which left a small depressed scar under the meatus. After this sore he was treated with medicine by the mouth for a year, which he says cured him of his disease. He had no eruption, headache, sore throat, or alopecia.

Last October he again had an attack of acute gonorrhoea, and came to the Out Patient Department for treatment. In about two months the

discharge ceased, but the meatus was moist every morning and the lips somewhat glued together, and both the first and second glasses of urine contained many shreds. He was given deep injections of protargol several times with no benefit. His stream was found to be diminished in size, and he complained of frequent micturition during the day, but was not greatly troubled at night. He had no ardor urinae and felt perfectly well. The discharge and numerous shreds in the second urine still persisted, and on examination of the urethra it was found that only a filiform bougie could be passed into the bladder. The meatus was narrow and only admitted a 21 F. bougie à boule. The stricture itself was situated 11 c.m. in from the meatus, and just in front of the anterior layer of the triangular ligament in the deep part of the membranous portion of the urethra.

What treatment would you advise?

What complications may arise?

What result will you expect with treatment?

What result will you expect without treatment?

ORTHOPEDIC SURGERY. — Asst. Professor BRADFORD.

1. Give the cause of flat foot and the anatomical changes in severe cases.
2. What is torticollis?
3. Describe the anatomy of club foot, and state how it can be treated successfully.
4. How can a rachitic curve of the spine be distinguished from caries of the spine?
5. Describe the deformity known as scoliosis.
6. How are rachitic curves to be treated?
7. Describe the different stages of caries of the spine and mention the principles and treatment of each stage.
8. What are the principles of treatment of caries of the spine.
9. Describe the pathological changes which take place in tumor albus.
10. Describe the most important costume deformities.

SYPHILIS. — Dr. Post.

1. What conditions would lead you to believe that a phimosis concealed a primary lesion of syphilis and what treatment would you adopt?
2. What are the points of difference between an indurated chancre and an ulcerated gumma?
3. What advantage may we expect from excision of the primary lesion?
4. Describe the bullous eruption of inherited syphilis.
5. What method would you pursue in administering mercury by inunction : —
 - (a) the drug?
 - (b) the method of application and dosage?
 - (c) advantages and disadvantages?

OPHTHALMOLOGY.—Professor WADSWORTH.

1. What is the chief source of secretion of the intraocular fluid, and how does it mainly make its exit from the eye.
2. What is the effect of complete paralysis of the third, fourth, and sixth nerves?
3. What is the distinction between hypermetropia and presbyopia?
4. Diagnosis and treatment of ulcer of the cornea.
5. Diagnosis of zonular (lamellar) cataract.

OTOLOGY.—Professors BLAKE and J. O. GREEN.

1. Give the relation of the facial nerve to the oval window; to the mastoid antrum.
2. Describe the origin, insertion, and mechanism of (*a*) the tensor tympani and (*b*) the stapedius, muscles.
3. Pathological changes in the tissues of the tympanum in *acute* suppuration of that cavity.
4. General principles of treatment of *chronic* tympanic suppuration.
5. Give the symptoms incident to a haemorrhage into the labyrinth.
6. Give the aural symptoms indicating the presence of adenoids.
7. Describe the appearance of the membrana tympani in a case of chronic thickening of the tympanic mucous membrane with closure of the Eustachian tube.
8. Describe the process of inflation of the middle ear by means of the Politzer bag.

LARYNGOLOGY.—Dr. DEBLOIS.

1. Mucous or muco-pus is seen to exude from one nostril. State what three affections may cause it, with differentiation.
2. There is obstruction in one of the nasal passages. *Caused by the septum!* State when you would saw or cut and when break and set up.
3. In perforating syphilitic ulcer of velum make drawing showing appearance of velum after partial and complete separation, and write explanation of drawing.
4. Describe fibro-muco-cystic growth of naso-pharynx. Removal by anterior and posterior methods.
5. Describe appearances of perichondritis of larynx—tubercular, specific, oedematous, etc.
6. Food regurgitates from oesophagus during deglutition. Describe manner of passing sounds into oesophagus and O'Dwyer tube into larynx.

LEGAL MEDICINE. — Professor DRAPER.

1. Describe (*a*) normal foetal lungs and (*b*) the changes wrought in their appearance by respiration.
2. Of the external evidences of death by drowning, describe the one on which you deem the most valuable.
3. Describe a corpus luteum and define its value as evidence in legal medicine.
4. You find in the mouth of an infant the two lower central incisor teeth and none other, what age does this degree of dentition indicate?
5. Describe the differences which distinguish cardiac thrombi from post mortem clots in the heart.

HYGIENE. — Asst. Professor HARRINGTON.

1. What is meant by "self purification" of streams, and what are the influences which bring it about?
What is the significance of chlorine over the "normal" in water? Of nitrites in measurable amount?
2. Discuss the evidence at hand concerning transmission of tuberculosis through cow's milk.
Compare the nutritive properties of eggs, oysters, and oatmeal.
3. What is the permissible limit of impurity of air, expressed in parts of carbon dioxide?
How much fresh air per capita is needed hourly for proper dilution of the impurities due to respiration?
4. Compare the usual methods of heating in respect to their influence on ventilation.
What diseases are most prominently associated with lack of ventilation?
5. What measures would you advise against the spread of yellow fever and malaria?
To what extent would you disinfect a house in which a number of cases of yellow fever had occurred, and what agent or agents would you use?
6. Compare chloride of zinc, chloride of aluminum, carbolic powder, formaldehyde, corrosive sublimate and permanganate of potassium as disinfectants for direct application to infective material, such as tuberculous sputum, typhoid stools, etc.

Electives.

ANATOMY. — Professor DEXTER.

Give a brief description of the structures met in a dissection of:—

1. The palm of the hand.
2. The submaxillary triangle.
3. The inguinal canal.

EMBRYOLOGY. — Professor MINOT.

1. There are three sections on the slide. From what part of the body are they taken? Enumerate for each section all the ectodermal structures it contains.

Make high power drawings to indicate the principle histological changes of the ectoderm, shown in the sections.

2. What organs have a sinusoidal circulation? Draw a small part of each such organ with high power to show the sinusoids and adjacent tissue.

3. What is the section? Draw and describe the structure of the foetal ectoderm in the preparation.

HISTOLOGY OF THE NERVOUS SYSTEM. — Professor MINOT.

1. Sketch the portions of the nervous system shown in the section. Name all the parts of the drawing in detail.

2. Draw and describe the tissues in the anterior fissure of the embryonic spinal cord.

3. Name the principal components of the vagus nerve.

4. How is the preparation made? Draw and name a typical neurone.

5. Make a sketch from a section to show the dorsal and ventral zones of His, and the dorsal nerve roots.

6. How do the fibres of the olfactory nerve differ as to their origin from other nerve fibres?

COMPARATIVE ETIOLOGY OF INFECTIOUS DISEASES.

Professor SMITH.

[Answer three questions only.]

1. Describe and illustrate the various paths by which microorganisms may enter and leave the body.

2. What methods of immunization before and after infection have been developed by etiologic studies?

3. What are antitoxins, lysins, agglutinins, and precipitins? How may they be called forth and how do they act?

4. Analyze the diseases diphtheria and typhoid, describe the various opposing forces probably concerned in the different stages and their relative activity in recovery and death.

5. Give some salient characters of the infectious agents of rabies, small-pox, and yellow fever and the manner in which each is supposed to produce disease.

CLINICAL MICROSCOPY. — Dr. WHITNEY.

1. What are the different types of cancer of the uterus? Describe the histological structure and give the prognosis of each.

2. What are the most common tumors of the testicle? Give the differential diagnosis both gross and microscopical.

3. Cysts of the abdomen. Mention the principal ones with their chief microscopic characteristics.
4. Diagnosis of a specimen.

CLINICAL CHEMISTRY. — Professor WOOD.

1. Describe the method of staining the malarial organism, and the appearance of this organism when stained by the Polychrome Methyl Blue-Eosin method of Leischman. (Do not give the composition of the stain.)
2. Describe the method of procedure to be employed to determine as much information as possible in regard to a condition of gastric disease by the use of the stomach tube. (Method of chemical analysis not required.)
3. Describe the method of isolating and detecting morphine in an organized mixture.
4. Describe the practical method of examining a blood stain medico-legally.
5. Florence reaction for seminal fluid?

OPERATIVE SURGERY. — Professor C. B. PORTER.

1. Describe the operation for ligature of common carotid artery.
2. Ligature of brachial artery at bend of elbow.
3. Ligature of femoral at Hunter's canal.
4. Describe excision of elbow joint.
5. Excision of upper jaw.
6. Describe amputation of penis.
7. Amputation at shoulder joint.
8. Amputation of leg at point of election.

ORTHOPEDIC SURGERY. — Asst. Professor BRADFORD.

1. Describe the operative methods for the correction of congenital club foot.
2. Describe the operative methods for the correction of knock knee and bow legs.
3. Describe the mechanical appliances which are of service in hip disease in its various stages.
4. Give the diagnosis, with reasons for it; prognosis without treatment; the best methods of treatment in detail for the present condition, and the prognosis under careful treatment of a case presenting the following history. Mention the complications which may arise, and the best means to prevent them and treat them if they occur:—

A boy of six, previously healthy and of healthy parentage, has suffered no fall or injury, is active at play, has limped occasionally in the right limb and has growing pains at times. For the last three months the limp is constant, though at times worse. After sitting for a time appears to be stiff. Walks on the front of foot with disinclination to bear weight on the

heel, though with an effort can stand on heel. Motion at ankle free, no swelling at ankle; limb held flexed at knee preferably, but motion at knee free; no swelling. No swelling at hip; motion at hip slightly limited; more noticeable in the direction of abduction and hyperextension. Motion of spine normal. Eats and sleeps well.

OPERATIVE OBSTETRICS. — Asst. Professor C. M. GREEN.

1. In the manual extraction of a breech case, how would you strive to prevent the extension of the arms? At what stage of the extraction would you seek to deliver the arms? In the event of the dorsal displacement of an arm, how would you deliver it?

2. In performing craniotomy on a dead child presenting the extended head, O.D.P., impacted in the superior strait, what bone, suture, or fontanelle would you perforate? Which blade of the cranioclast would you pass within the skull? Over what part of the foetal skull would you apply the other blade? What precautions are necessary in extracting the perforated head?

3. In a multiparous labor, the head is within the pelvis, in O.D.P. position, but is extended so that the left frontal bone presents: the membranes are ruptured, the cervix has receded, the child is alive, the mother is in good condition; but there has been no progress for two hours. Outline your treatment.

4. A young primipara, seen for the first time after she has been for two hours in active second-stage labor, is found to present the head, O.L.A., lightly engaged, but not well flexed, in the superior strait. The foetus is estimated to be of average size, and its heart sounds are normal. Pelvimetry shows the pelvis to be slightly contracted in all diameters. The cervix is soft and dilatable; the membranes ruptured spontaneously early in the labor. The pains are regular, but there has been no evident progress in the descent of the head. The mother's condition is good; but she is becoming tired. Outline your subsequent management of the case; and very concisely describe any operation you may perform.

GYNAECOLOGY. — Asst. Professor C. M. GREEN.

[As far as possible, illustrate your work with diagrams.]

1. Give the technique of an approved operation for the repair of a complete rupture of the perineum, and outline the post-operative treatment.

2. In cases of genital hernia in aged women in whom plastic surgery is inadvisable, what can be done to ameliorate the symptoms?

3. Mention the most common causes of sterility, and outline the appropriate treatment.

4. In retro-position of the uterus, under what circumstances would you advise ventro-suspension? Outline the technique of the operation.

5. Give the technique of supra-vaginal hysterectomy with ablation of the appendages. Mention the vessels it is necessary to ligature and where the ligatures should be applied; and describe the peritoneal toilet.

DERMATOLOGY.—Dr. BOWEN.

In questions 2, 3, and 4, it is to be assumed that any symptoms, appearances, or other facts connected with the case that are not mentioned, are wanting. The *differential* diagnosis, the prognosis, and the treatment are required in all the cases, and an intelligent discussion will count more than a correct diagnosis. Prescriptions should be written out in full.

1. Give the clinical history, an accurate description of the lesions, the differential diagnosis, the prognosis, and the treatment of a case of herpes zoster, stating what, if any, complications may occur.

2. A young machinist of 20, comes to the hospital with about a dozen very striking lesions, scattered over the face and neck. He has not shaved since the disease began, but as he has a very sparse beard, we can see upon careful examination that the disease is not wholly confined to the follicles. On the cheek there is one large, almost round, quite superficial and non-indurated lesion, perhaps an inch in diameter, covered with a crust which is red, dry, and flattened down in the centre, but as we go toward the periphery the red color becomes more and more tinged with yellow, the crust grows moister and thicker, and shows concentric wavy lines, and at the outer part it is quite soft and yellow. Finally, at the extreme periphery there is a delicate pinkish halo of erythema, separating the crust formation from the normal skin. This was one of the first to appear about 10 days ago. The other lesions vary in size and in other minor details, such as shape and color, until we come to the latest lesions, of which there are several. These are about a quarter of an inch in diameter, tend toward a circular shape, and consist of circumscribed areas of erythema, covered with a thin yellow superficial crust that has not sunken down in the centre. There are no subjective symptoms beyond an occasional sense of irritation. The man shaves himself, rooms with a companion who is free from any similar trouble, and says that there are several fellow machinists in his shop whose faces present very similar lesions.

3. A boy of 8 has upon the top of his head a circular area about an inch in diameter from which the hair has apparently fallen. On careful inspection, however, it is seen that the scalp is covered with dirty gray, slightly greasy scales, through which many broken off hairs appear. The stumps, which are about $\frac{1}{6}$ inch in length, are also surrounded by scales of a similar character. The disease has lasted about three weeks, the mother thinks, and is accompanied by no subjective symptoms. The mother can give no data as to etiology, and says that her other children are quite well in every way.

4. A girl of 10 is brought to the hospital with a very generalized cutaneous affection. The mother says that the child is perfectly well as to her bodily health and that she had a similar outbreak three years previously. She also says that, twice in her life, she has herself had a skin disease that at first would look like her child's present trouble, but afterwards the spots would grow much larger, and thicker and redder, and the nails had once fallen.

The child's disease presents the following characteristics: On the face, especially the cheeks, there are many discrete, very flat papules, of irregular shape, all of which are covered with a yellow white scale. These scales are not at all greasy, and the intervening skin is free from all traces of seborrhoeal disturbance. Through the scalp there is abundant scaling of a

distinctly dry type. There is no pruritus in the scalp, but the child says the face feels a little itchy at times. Scattered over the whole body there is a condition somewhat similar to that seen on the face, but the lesions vary more in size and in shape, and are not nearly so numerous. If anything, they are more accentuated on the extensor surfaces, but the knees and elbows are not markedly attacked. The very earliest lesion is seen to be a papule, rather pointed, and covered by a gray, rather dry scale. If this scale is scratched off small droplets of blood appear from one or two minute points. The older lesions grow somewhat flatter, and larger and more scaly, but do not tend to coalesce. There are no subjective symptoms. The duration of the present attack is about four weeks.

5. Give the clinical history, an accurate description of the lesions, the differential diagnosis, the prognosis, and the treatment of a case of varicose ulcer, with accompanying dermatitis.

NEUROLOGY.—Dr. WALTON.

1. Describe the different forms of plantar reflex and give the significance of alterations therein.
2. Describe the characteristic features of the various forms of neuritis according to their etiology.
3. Different forms of anaesthesia resulting from cerebral disorder.
4. Trigeminal neuralgia.
5. Thomsen's disease.
6. Treatment of cerebral hemorrhage: (a) preventive; (b) during the period of "shock"; (c) after the development of hemiplegia.

OTOLOGY.—Professors BLAKE and J. O. GREEN.

1. Give the anatomical landmarks of the mastoid.
2. a) Where would you incise the drum-head in performing paracentesis?
b) What structures may be injured in this operation?
3. In what way does an accumulation of fluid in the middle-ear interfere with the passage of sound through the drum-head and ossicular chain?
4. Describe the function of the tensor tympani muscle.
5. In what general diseases are suppurations of the tympanum especially liable to occur?
6. Indications for opening the mastoid antrum (antrum operation).
7. Prognosis and treatment of a chronic middle ear catarrh of one year duration in a young patient who has a small adenoid growth in the nasopharynx and some hypertrophic rhinitis. The drum-head is slightly thickened and indrawn, and the hearing tests are: watch, three to four inches; whisped voice, two feet; upper tone limit, normal; lower tone limit, a tone of 120 v. s.; the Rinne test shows slightly prolonged bone conduction and diminished air conduction.
8. Treatment of acute infection of the cells of the mastoid process.

HYGIENE. — Asst. Professor HARRINGTON.

1. Give methods for testing milk for boron compounds, formaldehyde and annatto.
2. Why can you not test beer for salicylic acid by the same process which you would employ in the examination of fruit syrups? Describe the method which you would use.
3. Describe the Pettenkofer method of determining the amount of carbon dioxide in air.
4. Describe the microscopical appearance of the following starches: Potato, wheat, corn, pea, rice.
5. Give an outline of the work involved in a complete sanitary analysis of water.

STUDENTS.

COURSES FOR GRADUATES.

1901-02.*

Amrock, John Henry, M.D. (<i>Univ. of Pennsylvania</i>) 1901,	Waltham.
Banks, Herbert Huntington, M.D. 1889,	Barrington, N.S.
Belden, Albert Matson, M.D. (<i>Coll. of Physicians and Surgeons, Baltimore</i>) 1888,	Chesterfield.
Brainerd, Walter Scott, M.D. (<i>Univ. of Vermont</i>) 1883,	Pemaquid, Me.
Bridgman, Burt Nichols, B.S. (<i>Amherst Coll.</i>) 1885, M.D. (<i>Univ. Med. Coll.</i>) 1889,	Jamaica Plain.
Casselberry, Clarence Marmaduke, M.D. (<i>Univ. of Pennsylvania</i>) 1897,	Boston.
Dakin, Edward Arthur, M.D. (<i>Hahnemann Med. Coll.</i>) 1881,	Boston.
Dunning, Arthur Walter, M.D. (<i>Coll. of Physicians and Surgeons, Chicago</i>) 1885,	St. Paul, Minn.
Hunt, Allston Frost, M.D. (<i>Med. School of Maine</i>) 1889,	Lynn.
Kellogg, Frederic Leroy, M.D. (<i>Bellevue Hospital Med. Coll.</i>) 1889,	Roxbury.
Leavitt, Byron Charles, A.B. (<i>Dartmouth Coll.</i>) 1881, M.D. 1887,	Millbrook.
Nicola, Charles Chesterfield, B.S. (<i>Univ. of Michigan</i>) 1896, M.D. (<i>ibid.</i>) 1897,	So. Lancaster.
Ober, Marion Helena, M.D. (<i>Tufts Coll.</i>) 1901,	Wellesley.
Perry, George Lewis, M.D. (<i>Dartmouth Med. Coll.</i>) 1878,	Reading.
Potter, Carleton, A.B. 1895, M.D. 1899,	Boston.
Wherry, William Buchanan, A.B. (<i>Wash. and Jeff. Coll.</i>) 1897, M.D. (<i>Rush Med. Coll.</i>) 1901,	Chicago, Ill.

* Entering after the issue of the Catalogue of 1901-02.

1902 - 03.

Carbone, Giovanni, M.D. (<i>Univ. of Naples</i>) 1892,	<i>Boston.</i>
Coon, Marion, M.D. (<i>Boston Univ.</i>) 1891,	<i>Boston.</i>
Coues, William Pearce, M.D. 1895,	<i>Boston.</i>
Emerson, Benjamin Kendall, Jr., A.B. (<i>Amherst Coll.</i>) 1897, M.D. 1901,	<i>Worcester.</i>
Mosher, Harris Peyton, A.B. 1892, M.D. 1896,	<i>Boston.</i>
Nabers, Frank Edmondson, PH.G. (<i>New York Coll. of Pharmacy</i>) 1891,	<i>Birmingham, Ala.</i>
Page, Charles Whitney, M.D. 1870,	<i>Hartford, Conn.</i>
Reagh, Arthur Lincoln, S.B. 1894, M.D. 1898,	<i>W. Roxbury.</i>
Riggs, John Upton, M.D. (<i>Univ. of Mich.</i>) 1868,	
M.D. (<i>Bellevue Hosp. Med. Coll.</i>) 1873,	<i>Bryan, O.</i>
Sargent, Oscar Franklyn Libby, M.D. (<i>Boston Univ.</i>) 1902,	<i>Lawrence.</i>
Wales, Ernest de Wolfe, S.B. 1896, M.D. 1899,	<i>Braintree.</i>
Webber, Stephen Elvaro, A.B. (<i>Colby Univ.</i>) 1886,	
A.M. (<i>ibid.</i>) 1889, M.D. (<i>Harvard Univ.</i>) 1894,	<i>Calais, Me.</i>
Williams, Dudley, A.B. (<i>Johns Hopkins Univ.</i>)	
1897, M.D. (<i>Johns Hopkins Med. Sch.</i>) 1902,	<i>Baltimore, Md.</i>

FOURTH CLASS.

Adams, Zabdiel Boylston,	<i>Framingham.</i>
Albee, Fred Houdlett, A.B. (<i>Bowdoin Coll.</i>) 1899,	<i>Head Tide, Me.</i>
Allen, Howard Louis,	<i>Fall River.</i>
Andrews, Robert Eaton, A.B. 1899,	<i>Cambridge.</i>
Bailey, Frederick James,	<i>Boston.</i>
Barron, Elmer Walter, A.B. (<i>Tufts Coll.</i>) 1900,	<i>Charlestown.</i>
Berry, Nathaniel Leander, Jr.	<i>W. Newton.</i>
Blair, Orrin Curtis,	<i>Springfield.</i>
Boutwell, Horace Keith, S.B. 1900,	<i>Boston.</i>
Boyle, John Francis,	<i>Lowell.</i>
Bridge, John Law, S.B. (<i>Wesleyan Univ.</i>) 1888,	
PH.D. (<i>Clark Univ.</i>) 1894,	<i>Hazardville, Conn.</i>
Burke, Francis Ramon, A.B. 1898,	<i>Quincy.</i>
Burrage, Thomas Jayne, A.M. (<i>Brown Univ.</i>)	
1899,	<i>Portland, Me.</i>
Butler, Patrick Francis,	<i>Dorchester.</i>
Clark, George Oliver, A.B. 1900,	<i>Framingham.</i>
Clarke, George William,	<i>Cambridge.</i>
Cook, Philip Howard, A.B. 1899,	<i>Portland, Me.</i>

Cunningham, Wilfred Bernard,	<i>Cambridge.</i>
Darling, Byron Clary, A.B. (<i>Illinois Coll.</i>) 1898,	<i>Boston.</i>
Dearborn, Henry Hale, A.B. (<i>Dartmouth Coll.</i>)	
1899,	<i>Milford, N.H.</i>
Deering, George Edwin,	<i>Worcester.</i>
Draper, Arthur Derby,	<i>Boston.</i>
Duncan, Charles, B.L. (<i>Dartmouth Coll.</i>) 1898,	<i>Chelsea.</i>
Emerson, George Edward,	<i>Everett.</i>
England, Albert Charles,	<i>Pittsfield.</i>
Eveleth, Charles Wonson, S.B. (<i>Tufts Coll.</i>) 1899,	<i>Marblehead.</i>
Fennessey, John Francis, A.B. (<i>Univ. of Notre</i>	
<i>Dame</i>) 1899,	<i>Boston.</i>
Fitch, Ralph Roswell,	<i>Dorchester.</i>
Flint, Edward Rawson, S.B. (<i>Mass. Agr. Coll.</i>)	
1887, PH.D. (<i>Univ. of Göttingen</i>) 1892,	<i>Clifton.</i>
Flint, John, A.B. 1898,	<i>Brookline.</i>
Floyd, Cleaveland,	<i>Brookline.</i>
Galvin, Augustus Hughes,	<i>Dorchester.</i>
Garland, Roy, A.B. 1899,	<i>Gloucester.</i>
Gifford, Nathaniel Howland, A.B. (<i>Brown Univ.</i>)	
1899,	<i>Wellington.</i>
Graham, Simon Peter,	<i>Newburyport.</i>
Grainger, Edward John, A.B. (<i>Boston Coll.</i>) 1898,	<i>E. Boston.</i>
Graves, Robert John, S.B. 1900,	<i>Boston.</i>
Green, Abraham,	<i>Roxbury.</i>
Grover, Arthur Leon, PH.B. (<i>Brown Univ.</i>) 1898,	<i>Portland, Me.</i>
Halligan, Edward Maurice,	<i>So. Boston.</i>
Hawes, John Bromham, 2d, A.B. 1900,	<i>Boston.</i>
Hickey, John Joseph,	<i>Marblehead.</i>
Hill, George Jackson,	<i>Beverly.</i>
Hindle, William,	<i>Providence, R.I.</i>
Holt, Edward Wells Atwood,	<i>No. Andover.</i>
Homans, John Alden, A.B. 1899,	<i>Boston.</i>
Hopkins, Frank Henry,	<i>So. Boston.</i>
Hurley, John Joseph, A.B. (<i>Mt. St. Mary's Coll.</i>)	
1898, A.M. (<i>ibid.</i>) 1900,	<i>Boston.</i>
Hussey, Edward John, A.B. (<i>Holy Cross Coll.</i>)	
1899,	<i>Holyoke.</i>
Joyce, Frederick Lawerance, A.B. (<i>Leland Stan-</i>	
<i>ford Jr. Univ.</i>) 1900.	<i>San Francisco, Cal.</i>
Kahn, Isidore Stanley, A.B. 1900,	<i>Dallas, Tex.</i>
Keith, Albert Russell, A.B. (<i>Colby Univ.</i>) 1897,	<i>Waterville, Me.</i>
Kelley, Jacob Sleeper,	<i>W. Newton.</i>

Kelly, William Dugan,	<i>Boston.</i>
Lane, John William, A.B. 1899,	<i>Dorchester.</i>
Lee, Ralph Everett,	<i>Chelsea.</i>
Lloyd, Henry Demarest, Jr., A.B. 1899,	<i>Winnetka, Ill.</i>
Loftus, John Thomas, PH.G. (<i>Mass. Coll. of Pharmacy</i>) 1898,	<i>Worcester.</i>
McAllister, John Joseph Hector, A.B. (<i>Fordham Coll.</i>) 1899,	<i>Waltham.</i>
McAusland, William Russell,	<i>Taunton.</i>
McCaffrey, Charles Francis, S.B. 1899,	<i>Somerville.</i>
Macleod, William Preston, A.B. 1900,	<i>Cambridge.</i>
McSweeney, Daniel Justin, A.B. (<i>Boston Coll.</i>) 1889,	<i>Boston.</i>
Mahoney, Daniel Francis,	<i>Lowell.</i>
Martin, Dwight Clifford, D.M.D. 1900,	<i>Boston.</i>
Maxfield, George Henry,	<i>Franklin, N.H.</i>
Moline, Charles, S.B. 1900,	<i>Sunderland.</i>
Morse, Vernon Harcourt Chipman,	<i>Paradise, N.S.</i>
Norris, Albert Perley, S.B. (<i>Mass. Inst. of Tech.</i>) 1897,	<i>Cambridge.</i>
Oakman, Carl Shepard, A.B. 1900,	<i>Brookline.</i>
O'Reilly, William Francis,	<i>Dorchester.</i>
Packard, Loring Bradford, A.B. (<i>Yale Univ.</i>) 1899,	<i>Sharon.</i>
Parker, David Woodbury, A.B. (<i>Dartmouth Coll.</i>) 1899,	<i>Goffstown, N.H.</i>
Parker, Ernest Lawrence,	<i>Worcester.</i>
Phelps, Joseph Royal,	<i>Malden.</i>
Raymond, Loring Hay,	<i>Somerville.</i>
Reardon, Daniel Bartholomew,	<i>W. Quincy.</i>
Rice, Alexander Hamilton, A.B. 1898.	<i>Boston.</i>
Richardson, Frank Linden,	<i>Concord.</i>
Rochette, Edward Charles,	<i>Worcester.</i>
Sanger, Guy Edward,	<i>Watertown.</i>
Sargent, Walter Leslie, A.B. (<i>Williams Coll.</i>) 1899,	<i>Quincy.</i>
Shanks, Charles,	<i>New Bedford.</i>
Smith, Homer Brandel, A.B. 1900,	<i>Lancaster, N.H.</i>
Smith, Hervey Lewis,	<i>Smith's Ferry.</i>
Spicer, George Thurston, A.B. (<i>Brown Univ.</i>) 1897, A.M. (<i>ibid.</i>) 1901,	<i>Providence, R.I.</i>
Stanton, Joseph, PH.G. (<i>Mass. Coll. of Pharm.</i>) 1899,	<i>Cambridge.</i>
Stone, Murray Chaffee,	<i>Fitchburg.</i>
Stone, Thomas Newcomb,	<i>Wakefield.</i>

Sturgis, Milton Gorham, A.B. (<i>Bates Coll.</i>) 1900,	<i>Lynn.</i>
Sullivan, Edward Coppinger,	<i>Taunton.</i>
Taylor, Ewing, A.B. (<i>Williams Coll.</i>) 1895,	<i>Boston.</i>
Thomas, Thomas Hasbrouck, A.B. (<i>Lincoln Univ.</i>) 1894,	<i>Cambridge.</i>
Tobey, George Loring, Jr.	<i>Clinton.</i>
Trueman, Nelson Gore, D.M.D. 1900,	<i>Boston.</i>
Tyler, Winsor Marrett, A.B. 1899,	<i>Lexington.</i>
Vickery, Eugene Augustus,	<i>Dorchester.</i>
Walker, William Hastings,	<i>Cambridge.</i>
Whitney, Edward William,	<i>Ware.</i>
Williams, Frederick Smith, A.B. 1897,	<i>Waltham.</i>
Wolbach, Simeon Burt,	<i>Grand Island, Neb.</i>

THIRD CLASS.

Amory, Ingersoll, A.B. 1892,	<i>Boston.</i>
Andrews, Frederick Francis,	<i>E. Boston.</i>
Arkin, Louis, s.B. 1901,	<i>Cambridge.</i>
Ayres, Harold Winslow,	<i>W. Somerville.</i>
Baker, Leonard Allen,	<i>W. Duxbury.</i>
Balboni, Gerardo Monari,	<i>W. Roxbury.</i>
Baldwin, Charles Hume, A.B. (<i>Williams Coll.</i>) 1900,	<i>Medford.</i>
Barnes, William Lester, A.B. 1900,	<i>No. Attleboro.</i>
Barney, James Dellinger, A.B. 1900,	<i>Roxbury.</i>
Bartlett, Daniel Edwin,	<i>Cambridge.</i>
Bastian, George Leon,	<i>Lawrence.</i>
Beals, Lynn Staley, A.B. 1900,	<i>Mt. Vision, N. Y.</i>
Beeley, Leon Gage, A.B. 1900,	<i>Lawrence.</i>
Bell, Conrad, A.B. 1900,	<i>Cambridge.</i>
Bigelow, Edward Bridge, A.B. (<i>Dartmouth Coll.</i>) 1900,	<i>Grafton.</i>
Blake, Allen Hanson,	<i>Cambridge.</i>
Brennan, Thomas Joseph,	<i>So. Boston.</i>
Brine, Elmer Louis,	<i>Somerville.</i>
Carlisle, Frank Henry,	<i>Malden.</i>
Chase, Theodore Woolsey, A.B. (<i>Dartmouth Coll.</i>) 1899,	<i>Hanover, N. H.</i>
Clark, John Donovan, s.B. 1901.	<i>Newtonville.</i>
Clark, Nelson Henry, s.B. (<i>Antioch Coll.</i>) 1897,	<i>Clifton, O.</i>
Clow, Fred Ellsworth,	<i>Wolfboro, N. H.</i>
Coffin, Leslie Erwin,	<i>Canobie Lake, N. H.</i>
Connolly, William Edward, A.B. 1898,	<i>Cambridge.</i>

- Cushing, Arthur Alden,
 Cusick, Laurence Francis,
 Dearborn, Edmund Gerrish, A.B. (*Dartmouth Coll.*) 1900,
 Dexter, Fred Fay,
 Downing, Andrew Francis, A.B. 1900,
 Drake, Percy Greenough, S.B. (*Dartmouth Coll.*) 1899,
 Easton, Charles Daniel, A.B. (*Brown Univ.*) 1899, A.M. (*ibid.*) 1900,
 Easton, Frank Birch, A.B. (*Brown Univ.*) 1900,
 Eaton, William Edward,
 Ellam, Herbert William,
 Fabyan, Marshal, A.B. 1900,
 Farmer, William Francis,
 Fearney, Frank Albert,
 Fenwick, George Benson, A.B. 1900,
 Field, Henry Martyn, A.B. (*Yale Univ.*) 1900,
 Finkelstein, Harry,
 Flynn, Henry Lawrence,
 Foss, Alvin Warren, A.B. (*Bates Coll.*) 1897,
 Fountaine, Oliver Reynolds,
 Freedman, Louis Mark, A.B. 1901,
 Gafney, Harry Dabol,
 Gerrish, Lester Pierpont, A.B. (*Bates Coll.*) 1896,
 Goddard, Samuel Warren,
 Good, Frederick Leo,
 Graves, James Chapman, Jr., A.B. (*Amherst Coll.*) 1899,
 Gray, Charles Perley, S.B. (*Univ. of Maine*) 1900,
 Grimes, Loring, 2d,
 Hagerty, Joseph James,
 Hancock, Albert William,
 Hanson, William Clinton, A.B. 1899,
 Hartwell, John Bryant, A.B. (*Yale Univ.*) 1900,
 Hatch, Royal, A.B. (*Dartmouth Coll.*) 1900,
 Herman, Edwards Woodbridge,
 Hitchings, Frederic Wade, S.B. 1901,
 Hosley, Walter Alexis, A.B. 1900,
 Howe, George Plummer, A.B. 1900,
 Hubbard, Wallace Eugene,
 Hurley, Edward Daniel,
 Inglis, Harry James,
- Brookline.*
Nahant.
Milford, N.H.
Springfield.
Cambridge.
Rye, N.H.
Boston.
Lakeport, N.H.
So. Framingham.
Worcester.
Brookline.
Tewksbury.
Lakewood, R.I.
Chelsea.
Dorchester.
Boston.
Boston.
E. Raymond, Me.
Lubec, Me.
Chelsea.
Petersham.
Lisbon, Me.
Brockton.
Cambridge.
Marblehead.
Oldtown, Me.
Rockport.
Roxbury.
Everett.
Cambridge.
Albany, N.Y.
Strafford, Vt.
Boston.
Boston.
Springfield.
Lawrence.
Brighton.
So. Boston.
Middletown, Conn.

- Kenney, Thomas Francis,
 Kidner, Frederick Clinton, A.B. 1900,
 King, Henry Daniel,
 King, Hamilton Theodore,
 Kingman, Lucius Collinwood, A.B. (*Yale Univ.*)
 1900,
 Lahey, Francis Howard,
 Lee, William George, A.B. 1901,
 Lewis, James Prince, Jr.
 Lewis, Louis,
 Linenthal, Harry, A.B. 1900,
 Longfellow, Henry Nathan, PH.G. (*Mass. Coll. of*
Pharmacy) 1890,
 McAllester, Ralph William, A.B. 1900,
 McClintock, Francis Blake,
 McLean, John Allen,
 McLellan, Malcolm Sawyer,
 Marshall, Harold Kenneth,
 Marshall, Herman Prince,
 Meisenbach, Roland Otto,
 Mendelsohn, Louis, A.B. 1901.
 Messinger, Harry Carleton,
 Morrill, Gordon Niles,
 Morse, Nathaniel Niles, B.L. (*Dartmouth Coll.*)
 1900,
 Nelson, Louis, A.B. 1900,
 Oak, Charles Arthur,
 O'Brien, Daniel Paul, M.D.V. 1899,
 Oliver, Everard Lawrence,
 Ordway, Clarence Eugene, A.B. (*Yale Univ.*) 1900,
 Page, Harry Merton,
 Philbrick, Roscoe Hunter,
 Phillips, John Charles, S.B. 1899,
 Phippen, Walter Gray, A.B. 1900,
 Place, Edwin Hemphill,
 Riemer, Hugo Bruno Charles,
 Robbins, Chandler, A.B. 1899,
 Robbins, William Bradford, A.B. 1899,
 Rogers, John Conway, Jr., A.B. (*Bowdoin Coll.*)
 1899,
 Rogers, Mark Homer, A.B. (*Williams Coll.*) 1900,
 Ross, Wayland,
 Russell, Charles Bradley, S.B. (*Illinois Coll.*) 1899,
- Worcester.*
Boston.
Springfield.
Newport, R.I.
Providence, R.I.
Haverhill.
Chicago, Ill.
Dorchester.
Providence, R.I.
E. Boston.
Georgetown.
Randolph.
Chelsea.
Somerville.
Melrose Highlands.
Boston.
Gloucester.
St. Louis, Mo.
Boston.
Roxbury.
Boston.
Auburndale.
Roxbury.
Revere.
Chelsea.
Boston.
Winchester.
Somerville.
W. Somerville.
Boston.
Salem.
Franeestown, N.H.
Norwood.
Weston.
Weston.
Pembroke, Me.
Allston.
Boston.
Stockbridge.

Seaver, Edwin Pliny, Jr.	<i>Waban.</i>
Seymour, Frederick Ward,	<i>Holyoke.</i>
Seymour, Malcolm,	<i>Holyoke.</i>
Shoninger, Lee Simon, PH.B. (<i>Yale Univ.</i>) 1900,	<i>New Haven, Conn.</i>
Smyth, Patrick Somers, A.B. (<i>St. Francis Xavier's Coll.</i>) 1896,	<i>Port Hood, N.S.</i>
Spear, Louis Mahlon, A.B. (<i>Bowdoin Coll.</i>) 1900,	<i>Gardiner, Me.</i>
Stanley, Francis Guy, S.B. (<i>Mass. Agr. Coll.</i>) 1900,	<i>Boston.</i>
Staples, Clarence Hathorne, A.B. (<i>Wesleyan Univ.</i>) 1900,	<i>Waltham.</i>
Stone, Ralph Edgerton,	<i>Waltham.</i>
Strauss, Sidney, A.B. 1901.	<i>Pittsfield, Ill.</i>
Sturnick, Max,	<i>Boston.</i>
Sullivan, Charles Brent,	<i>Boston.</i>
Thompson, Joseph Mariner,	<i>Dorchester.</i>
Timmins, Edward Francis,	<i>So. Boston.</i>
Trayes, William Henry, Jr.	<i>Boston.</i>
Wald, Rudolf Henry,	<i>Boston.</i>
Watts, Joseph Palmer,	<i>Chelsea.</i>
Wheelock, Frank Robert,	<i>Somerville.</i>
Whitney, Ray Lester, PH.B. (<i>Brown Univ.</i>) 1900,	<i>Winchendon.</i>
Whiton, Ross Kittredge, A.B. 1900,	<i>Quincy.</i>
Williams, John Thomas,	<i>Roxbury.</i>
Woodbury, Willard Porter, A.B. 1900,	<i>Beverly.</i>
Woodward, Walter Carleton, B.L. (<i>Dartmouth Coll.</i>) 1899,	<i>Randolph, Vt.</i>
Young, John Albion, PH.B. (<i>Brown Univ.</i>) 1900,	<i>Warren, R.I.</i>

 SECOND CLASS.

Adams, Charles Waldron, A.B. 1901,	<i>Cambridge.</i>
Amsden, George Samuel, A.B. 1901,	<i>Ashtabula, O.</i>
*Ascher, Joseph,	<i>Boston.</i>
Baker, Leslie Talbot, A.B. 1900,	<i>Boston.</i>
Beach, Sylvester Judd, A.B. 1901,	<i>Wayland.</i>
*Bianco, Joseph Anthony,	<i>Orient Heights.</i>
Blake, Gerald, A.B. 1901,	<i>Boston.</i>
Boardman, William Parsons, A.B. 1902,	<i>Boston.</i>
Bosworth, Freeman Dodd, Jr., A.B. 1901,	<i>Cambridge.</i>
*Boyle, Jeremiah Joseph,	<i>Cambridge.</i>
Brooks, Robert Hartley, A.B. (<i>Dartmouth Coll.</i>) 1900,	<i>Claremont, N.H.</i>

* Entering previous to June, 1901.

- Bryant, Clarence Edmund, B.L. (*Dartmouth Coll.*) 1901, *Hyde Park.*
- *Bullard, Channing Sears, *Cambridge.*
- Burnett, Francis Lowell, s.B. 1902, *Cambridge.*
- Burns, Walter Linn, s.B. (*Villanova Coll.*) 1896, *Lawrence.*
- A.B. (*ibid.*) 1897, *Hyde Park.*
- *Carr, Percy Whitman, *Fall River.*
- Chace, Fenner Albert, A.B. 1897, *Brockton.*
- Chase, Harrison Ayer, B.P. (*Brown Univ.*) 1901, *Lowell.*
- *Coburn, Horace Fordyce, *Lawrence.*
- *Conlon, Frank Aloysius, *Reading.*
- *Connelly, John Edward, *Brookline.*
- Converse, Joseph Henry, 2d, s.B. 1902, *Andover.*
- *Cullinane, Timothy Joseph, *Cambridge.*
- *Cunningham, Edward Albert, *Brighton.*
- *Curley, John Patrick, *Boston.*
- Dana, Harold Ward, A.B. 1900, *Boston.*
- Day, Hilbert Francis, PH.B. (*Yale Univ.*) 1901, *So. Boston.*
- Denning, Edward John, A.B. 1901, *Boston.*
- Dexter, Richard, A.B. 1901, *Dorchester.*
- Donaldson, Frederick August, A.B. 1896, *Sharon.*
- Drew, Charles Allen, s.B. (*Dartmouth Coll.*) 1900, *E. Boston.*
- *Drowne, Edwin Lewis, *Roxbury.*
- *Drury, Dana Warren, *Boston.*
- *Dyer, Ernest Arey, *So. Berwick, Me.*
- Eastman, Theodore Jewett, A.B. 1901, *Boston.*
- Ehrenfried, Albert, A.B. 1902, *Ashburnham.*
- Emery, Ernest Washburn, A.B. (*Bates Coll.*) 1892), *Dorchester.*
- *Emery, William Campbell, *Stoughton.*
- Faxon, Nathaniel Wales, A.B. 1902, *Devils Lake, N.D.*
- Fisher, Charles, s.B. (*Carleton Coll.*) 1901, *Worcester.*
- *Fitzgibbon, Edward James, *Boston.*
- *Frothingham, Joseph Laforme, *Lowell.*
- *Gaffney, James Francis, *Boston.*
- Gafforio, Pippo Joseph, B.L. (*Dartmouth Coll.*) 1900, *Cambridge.*
- Gilpatrick, Roy Hawkes, A.B. (*Yale Univ.*) 1901, *Amherst.*
- Goodell, William, A.B. (*Amherst Coll.*) 1901, *St. Mary's, Ont.*
- Grant, Dick, s.B. 1897, *So. Deerfield.*
- Hager, William Perry, s.B. 1900, *Bethlehem, N.H.*
- Hildreth, George Kelsea, A.B. (*Dartmouth Coll.*) 1900,

- *Holt, Harry Frye,
 Holt, William Leland, A.B. 1901,
 Hopkinson, George, A.B. (*Brown Univ.*) 1896,
 Hornbrook, Frank Wheeler, PH.B. (*De Pauw Univ.*) 1899,
 Hoyt, Charles Wentworth, A.B. 1902,
 *Johnson, Herbert William,
 *Kent, Ralph Porter,
 Lane, Peter Henry, B.L. (*Dartmouth Coll.*) 1899,
 Lee, Roger Irving, A.B. 1902,
 *Lowney, Jeremiah Joseph,
 *Luce, Dean Sherwood,
 *Lutz, Frederick Louis,
 *McKee, George Joseph,
 McLaughlin, William Charles, A.B. (*Brown Univ.*) 1901,
 McLeod, Norman Murray, A.B. 1902,
 Maguire, Eugene Leo, A.B. (*Dartmouth Coll.*) 1901,
 *Mahoney, Francis Xavier, M.D.V. 1892,
 *Marshall, Frederic Monroe,
 Merrill, Charles Henry, A.B. (*Dartmouth Coll.*) 1901,
 Miller, Malcolm Dean, A.B. 1901,
 Moran, Charles Leo, A.B. 1902,
 Murphy, James Cornelius, A.B. (*Boston Coll.*) 1901,
 Newhall, Harvey Field, A.B. 1901,
 *Newton, Roland Stephen,
 Nichols, Chester Wellington, A.B. 1901,
 Niles, Nathaniel Leo, PH.B. (*Brown Univ.*) 1899,
 *Nutting, Joseph Francis,
 Ordway, Thomas, A.M. 1900,
 *Osgood, George,
 O'Shea, John Henry, A.B. (*Gonzaga Coll.*) 1901,
 Overlander, Charles Leonard, PH.C. (*Univ. of Kansas*) 1898, PH.B. (*Yale Univ.*) 1901,
 Pratt, Frederick Haven, A.B. 1896,
 Proctor, Thomas Melville, A.B. (*Amherst Coll.*) 1901,
 *Reed, Carlisle (*Lawrence Scientific Sch. Senior*),
 Rice, Allen Galpin, A.B. 1902,
 *Richmond, Fred Marcy,
- Andover.*
Portland, Me.
Westford, Vt.

Evansville, Ind.
Rochester, N. Y.
Watertown.
Attleboro.
Nahant.
Peabody.
Fall River.
Vineyard Haven.
Dedham.
Allegheny, Pa.

Providence, R. I.
Newport, R. I.

Somerville.
Dorchester.
Nunda, N. Y.

Kennebunkport, Me.
Cambridge.
Roxbury.

Norwood.
Lynn.
Fayville.
Dorchester.
Providence, R. I.
Ludlow.
Cambridge.
Brookline.
Spokane, Wash.

Boston.
Worcester.

Wrentham.
Boston.
Springfield.
Everett.

- Robinson, David, A.B. (*Brown Univ.*) 1901, Cambridge.
 *Ruston, Warren Dunn, W. Somerville.
 *Salmon, Edward Lawrence, Southboro.
 Shanahan, Timothy Joseph, A.B. (*Dartmouth Coll.*) 1901, Charlestown.
 Shattuck, George Cheever, A.B. 1901, Boston.
 Sibley, Benjamin Ernest, A.B. (*Wesleyan Univ.*) 1898, Rialto, Cal.
 *Sibley, Hartwell Astor, Jr. Dorchester.
 Southgate, Alfred Willard, A.B. (*Amherst Coll.*) 1901, Worcester.
 Stearns, Roy Sumner, S.B. (*Middlebury Coll.*) 1901, Bristol, Vt.
 Stevens, Harold Elmer Ellsworth, A.B. (*Bates Coll.*) 1901, Boston.
 Storey, Thomas Andrew, A.B. (*Leland Stanford Jr. Univ.*) 1896, A.M. (*ibid.*) 1899, PH.D. (*ibid.*) 1902, Stanford Univ., Cal.
 Storrs, Henry Randolph, A.B. 1896, Brookline.
 *Sullivan, John Joseph, Lawrence.
 Talbot, Fritz Bradley, A.B. 1900, Brookline.
 Talty, Francis Eugene, A.B. (*Manhattan Coll.*) 1901, Buttonwoods, R.I.
 Thayer, Nathan Pulsifer, A.B. (*Colby Coll.*) 1901, Waterville, Me.
 *Tolman, Henry, Jr. Newton.
 *Van Magness, Fred, Chelsea.
 *Vinal, Charles Renough, Dorchester.
 Walcott, William Wright, S.B. (*Mass. Inst. of Tech.*) 1901, Natick.
 Wardwell, James Knight, A.B. (*Williams Coll.*) 1901, Roxbury.
 Wentworth, Mark Hunking, 2d, A.B. 1901, Portsmouth, N.H.
 *Whitehouse, Eugene Dizer, Brighton.
 Whitney, James Lyman, A.B. (*Yale Univ.*) 1901, Branford, Conn.
 Whittemore, Wyman, S.B. 1901, Cambridge.
 *Willis, Dwight Fletcher, Waltham.
 Wilson, John Edward, A.B. (*Dartmouth Coll.*) 1901, Natick.
 Witherell, Carl Hamlin, A.B. (*Colby Coll.*) 1901, Oakland, Me.
 Woolley, Walter Thomas, S.B. (*Ill. Wesleyan Univ.*) 1898, Chicago, Ill.
 *Young, Herbert Walter, Boston.

FIRST CLASS.

Achorn, Kendall Lincoln (<i>Lawrence Scientific Sch. Senior</i>),	Boston.
Adamian, Parnag Adam, A.B. (<i>Central Turkey Coll. of Aintab, Turkey</i>) 1897, D.B. (<i>Episcopal Theol. Sch., Cambridge</i>) 1901,	Boston.
Ahern, James Leo, A.B. (<i>Mt. St. Mary's Coll.</i>) 1902,	Boston.
Baker, Harold Woods (<i>Lawrence Scientific Sch. Senior</i>),	Boston.
Barker, Marcus Leonard, A.B. (<i>Univ. of Durham, Eng.</i>) 1897,	Boston.
Barker, Williston Wright, A.B. (<i>Brown Univ.</i>) 1902,	Newport, R. I.
Bartlett, William Bradford, A.B. 1902,	Concord.
Bigelow, Leslie Lawson (<i>Harvard Coll. Senior</i>),	Columbus, O.
Birnie, John Mathews, A.B. (<i>Williams Coll.</i>) 1901,	Springfield.
Blake, John Amory Lowell, A.B. 1902,	Boston.
Boyd, David Hartin, A.B. (<i>Wash. and Jeff. Coll.</i>) 1902,	Allegheny, Pa.
Brooks, William Gray, LL.B. (<i>Boston Univ.</i>) 1877,	Boston.
Bruce, Harold Milton, A.B. 1902,	Cambridge.
Calder, Harold Granville, A.B. (<i>Brown Univ.</i>) 1902,	Providence, R. I.
Callahan, Henry Alphonsus, A.B. (<i>Boston Coll.</i>) 1902,	Jamaica Plain.
Champion, Merrill Edwin, A.B. 1902,	Greenwood.
Chapin, Laurence Dudley, A.B. 1902,	Springfield.
Chase, Gilman Leeds (<i>Harvard Coll. Senior</i>),	Randolph.
Christiernin, Charles Leonard (<i>Harvard Coll. Senior</i>),	Boston.
Connor, William Henry, A.B. (<i>Holy Cross Coll.</i>) 1902,	Pittsfield.
Corbett, Jeremiah Joseph, A.B. (<i>St. Francis Xavier's Coll.</i>) 1899,	Peabody.
Crosbie, Arthur Hallam (<i>Harvard Coll. Senior</i>),	Joliet, Ill.
Darling, Arthur Edwin, A.B. (<i>Bates Coll.</i>) 1902,	Auburn, Me.
Day, Homer Leland, A.B. (<i>Leland Stanford Jr. Univ.</i>) 1901,	San Francisco, Cal.

*Doherty, Francis Joseph,	Woburn.
Fassett, Fred Julius, A.B. (<i>Yale Univ.</i>) 1898,	Montpelier, Vt.
Fitzpatrick, James Henry, A.B. 1902,	Cambridge.
Frothingham, Channing, Jr., A.B. 1902,	Brooklyn, N. Y.
Gerdine, Lynn van Horn, A.M. 1898,	Boston.
Godfrey, Henry White, A.B. 1902,	Hampton, N. H.
Goldthwaite, Ralph Harvard (<i>Harvard Coll. Senior</i>),	Brighton.
Gorman, Frederick Daniel, A.B. (<i>Holy Cross Coll.</i>) 1902,	Lowell.
Green, Robert Montraville, A.B. 1902,	Boston.
Halliday, John, A.B. 1899,	Cairo, Ill.
Hatch, Ralph Augustus (<i>Lawrence Scientific Sch. Senior</i>),	Boston.
Hogan, Frank James, A.B. (<i>St. Francis Xavier's Coll.</i>) 1902,	St. John, N. B.
Hollings, Charles Byam (<i>Harvard Coll. Senior</i>),	Cambridge.
Holt, Charles Herbert, PH.B. (<i>Brown Univ.</i>) 1902,	Pawtucket, R. I.
Kelsey, Paul Henry, A.B. 1902,	Cambridge.
Kinnicutt, Roger, A.B. 1902,	Worcester.
Kissock, Robert James (<i>Harvard Coll. Senior</i>),	E. Boston.
Knoop, William Theodore, A.B. (<i>Brown Univ.</i>) 1901,	Providence, R. I.
Knowlton, Roscoe Hosmer (<i>Harvard Coll. Senior</i>),	W. Acton.
Ladd, William Edwards, A.B. 1902,	Milton.
*Lentine, Gaspare Emmanuel,	Dorchester.
Leopold, Jerome Sam (<i>Harvard Coll. Senior</i>),	Chicago, Ill.
McLaughlin, Thomas Joseph, A.B. (<i>Mt. St. Mary's Coll.</i>) 1902,	Woonsocket, R. I.
Maguire, Daniel Francis (<i>Harvard Coll. Senior</i>),	Dorchester.
Manning, John Brown (<i>Lawrence Scientific Sch. Senior</i>),	Wollaston.
Mercer, Walter Leo, A.B. (<i>Holy Cross Coll.</i>) 1902,	Pittsfield.
Metcalf, Carleton Ray, A.B. 1902,	Cambridge.
Millard, Jean Sears (<i>Lawrence Scientific Sch. Senior</i>),	Roxbury.
Mixer, Charles Galloupe, S.B. (<i>Mass. Inst. of Tech.</i>) 1902,	Boston.
Mixer, William Jason, S.B. (<i>Mass. Inst. of Tech.</i>) 1902,	Boston.

* Entering previous to June, 1901.

- Moon, Frederick Franklin, A.B. (*Amherst Coll.*)
 1901, Quincy.
 Murphy, Francis Vincent, A.B. (*Dartmouth
 Coll.*) 1902, Newport, R. I.
 *O'Brien, Stanislaus Patrick, Lowell.
 O'Neill, Harry Joseph, A.B. (*Villanova Coll.*)
 1898, Boston,
 O'Reilly, James Archer, A.B. 1902, St. Louis, Mo.
 O'Sullivan, William Daniel, B.L. (*Dartmouth
 Coll.*) 1900, Lawrence.
 Peirce, Bradford Hendrick, A.B. 1902, Cambridge.
 Penhallow, Dunlap Pearce (*Lawrence Scientific
 Sch. Senior*), Portsmouth, N. H.
 Pillsbury, Henry Church, A.B. (*Dartmouth Coll.*)
 1902, Lowell.
 Pond, Lucius Beverly, A.B. (*Yale Univ.*) 1902, Unionville, Ct.
 Pratt, David Damon, B.L. (*Dartmouth Coll.*) 1902, Easton.
 Reese, Charles Arnold, A.B. (*Brown Univ.*) 1902, Newton Highlands.
 Richardson, Edward Peirson, A.B. 1902, Boston.
 Risley, Edward Hammond, A.B. (*Yale Univ.*) 1902, Newburyport.
 Rowley, John Carter, A.B. 1902, Brookline.
 Sanborn, Harvey Beede, A.B. (*Dartmouth Coll.*)
 1902, Gonic, N. H.
 Sawyer, Wilbur Augustus, A.B. 1902, San Jose, Cal.
 Sheahan, George Maurice, A.B. 1902, Quincy.
 *Shean, Maurice Edwin, Belmont.
 Sparrow, Ernest Harold, A.B. 1902, Cambridge.
 Stevens, Horace Paine (*Harvard Coll. Senior*), Cambridge.
 Stone, Emil Herman, A.B. 1902, Cleveland, O.
 Swift, Walter Babcock, A.B. 1901, Wellesley Hills.
 Sylvester, Philip Haskell, A.B. 1902, Newton Centre.
 Thompson, William Bisbee, B.L. (*Dartmouth
 Coll.*) 1902, Boston.
 Travis, Howard Currier (*Harvard Coll. Senior*), Newton.
 Trimble, James Guinne, Jr., A.B. (*Fisk Univ.*)
 1902, Nashville, Tenn.
 Tryon, Arthur William, A.B. (*Bates Coll.*) 1902, Auburn, Me.
 Turner, Charles Sampson, PH.B. (*Brown Univ.*)
 1901, A.M. (*ibid.*) 1902, Providence, R. I.
 *Van Wagner, LeGrand, Syracuse, N. Y.
 *Waldstein, Charles, Boston.
 Wells, Orion Vassar, A.B. (*Boston Univ.*) 1902, Bakersfield, Vt.
 Wood, Benjamin Ezra, A.B. 1901, Boston.

Wyman, John Howard, A.B. (*Bowdoin Coll.*) 1901, *Skowhegan, Me.*
 Young, James Herbert (*Lawrence Scientific Sch.*
Senior), *Amesbury.*

SUMMARY.

IN COURSES FOR GRADUATES, 1902-03 (to Oct. 15) . .	13
FOURTH CLASS	101
THIRD CLASS	127
SECOND CLASS	115
FIRST CLASS	89
TOTAL	445

In Courses for Graduates, 1901-02, after publication of Catalogue for 1901-02	16
In Summer Courses, 1902	130

STUDENTS IN SUMMER COURSES, 1902.

Allen, Gardner Weld, A.B. 1877, M.D. 1882,	<i>Boston.</i>
Amory, Ingersoll, A.B. 1892,	<i>Boston.</i>
Arkin, Louis, S.B. 1901,	<i>Cambridge.</i>
Baker, Leslie Talbot, A.B. 1900,	<i>Boston.</i>
Barnes, William Lester, A.B. 1900,	<i>No. Attleboro.</i>
Barney, James Dellinger, A.B. 1900,	<i>Roxbury.</i>
Bartlett, Daniel Edwin,	<i>Boston.</i>
Bauman, George,	<i>Cleveland, O.</i>
Beals, Lynn Staley, A.B. 1900,	<i>Mt. Vision, N. Y.</i>
Bessey, James Mortimer, M.D. (<i>Howard Univ.</i>)	
1883,	<i>Toledo, O.</i>
Betts, Norman Sinclair,	<i>Philadelphia, Pa.</i>
Bigelow, George Lambert,	<i>Marlboro.</i>
Bowen, Arthur Hosmer, M.D. (<i>Medical Coll. of</i>	
<i>Ohio</i>) 1876,	<i>Columbus, O.</i>
Brown, Fred Louis Standish,	<i>Westboro.</i>
Bryant, Frederick, A.B. (<i>Colby Univ.</i>) 1895, M.D.	
1900,	<i>Worcester.</i>
Burns, Walter Linn, S.B. (<i>Villanova Coll.</i>) 1896,	
A.B. (<i>ibid.</i>) 1897,	<i>Lawrence.</i>
Burt, Edward Walter, M.D. (<i>Boston Univ.</i>) 1900,	<i>Westport.</i>
Calderwood, Edward Swazey, A.B. (<i>Dartmouth</i>	
<i>Coll.</i>) 1901,	<i>Roxbury.</i>
Chapin, Laurence Dudley, A.B. 1902,	<i>Springfield.</i>
Coles, William Wharton, A.B. (<i>Boston Univ.</i>) 1901,	<i>Wakefield.</i>
Cornwell, Herbert Cerdá de Vilarrestau, A.B.	
1897, M.D. 1900,	<i>Cambridge.</i>
Crockett, Montgomery Adams, A.B. 1882, M.D.	
(<i>Bellevue Hosp. Med. Coll.</i>) 1885,	<i>Buffalo, N. Y.</i>
Cusick, Laurence Francis,	<i>Nahant.</i>
Davis, John Staige, A.M. (<i>Univ. of Virginia</i>),	
1888, M.D. (<i>ibid.</i>) 1889,	<i>Charlottesville, Va.</i>
Davis, William Price,	<i>Philadelphia, Pa.</i>
Dibrell, Edwin Richard, M.D. (<i>Univ. of Penn-</i>	
<i>sylvania</i>) 1883,	<i>Little Rock, Ark.</i>

- Donnally, Harry Hampton, s.B. (*Columbian Univ.*) 1896, A.M. (*ibid.*) 1897, Washington, D. C.
- Douglas, Charles Joseph, M.D. (*Hahnemann Med. Coll.*) 1891, Boston.
- Drew, Charles Allen, s.B. (*Dartmouth Coll.*) 1900, Sharon.
- Drury, Dana Warren, Roxbury.
- Eaton, William Edward, So. Framingham.
- Emery, Ernest Washburn, A.B. (*Bates Coll.*) 1892, Ashburnham.
- Enders, Howard Edwin, s.B. (*Univ. of Michigan*) 1898, M.S. (*Lebanon Valley Coll.*) 1900, Annville, Pa.
- Enebuske, Claës Julius, A.M., PH.D. (*Royal Univ. Lund, Sweden*) 1885, M.D. 1896, Boston.
- Farmer, Fannie Merritt, Boston.
- Fassett, Fred Julius, A.B. (*Yale Univ.*) 1898, Montpelier, Vt.
- Fenwick, George Benson, A.B. 1900, Chelsea.
- Field, Henry Martyn, A.B. (*Yale Univ.*) 1900, Dorchester.
- Finkelstein, Harry, Boston.
- Fitzpatrick, James Henry, A.B. 1902, Cambridge.
- Flippin, James Carroll, M.D. (*Univ. of Virginia*) 1901, Danville, Va.
- Freedman, Louis Mark, A.B. 1901, Chelsea.
- Gage, Ruel Stearns, M.D. (*Univ. City of New York*) 1877, Newark, N. J.
- Garrison, Jefferson Cushing, M.D. 1895, Franklin.
- Generalis, Demosthenes John, M.D. (*Univ. of Athens*) 1892, Lowell.
- Gibbs, Frederick Azro, s.B. (*Dartmouth Coll.*) 1898, Dover, N. H.
- Gilbert, George Burton, Thomaston, Conn.
- Goddard, Herbert Edward, Brookline.
- Graham, Simon Peter, Newburyport.
- Green, Robert Montraville, A.B. 1902, Boston.
- Hamilton, Allen, A.B. (*Williams Coll.*) 1898, Fort Wayne, Ind.
- Hamilton, Gordon, A.M. (*Rust Univ.*) 1899, San Francisco, Cal.
- Hanson, William Clinton, A.B. 1899, Cambridge.
- Haskell, Charles Cheves, Columbia, S. C.
- Hayward, John Albert, Cambridge.
- Herman, Edwards Woodbridge, Boston.
- Hewitt, Joseph Henry, A.B. (*Univ. of No. Carolina*) 1899, Mapleton, Va.
- Homan, John Milton, Somerville.
- Hosley, Walter Alexis, A.B. 1900, Springfield.
- House, Albert Ivanhoe, So. Framingham.

- Howe, George Plummer, A.B. 1900, *Lawrence.*
 Jacques, Louis Desiré Onésiphore, M.D. (*Laval Univ.*) 1897, *Worcester.*
 Kahn, Isidore Stanley, A.B. 1900, *Dallas, Tex.*
 Kent, Ralph Porter, *Attleboro.*
 Kerr, Robert William, *Newport, R. I.*
 Leavitt, Byron Charles, A.B. (*Dartmouth Coll.*)
 1881, M.D. 1887, *Millbrook.*
 Lee, William George, A.B. 1901, *Chicago, Ill.*
 Lepper, David Barnard, M.D. 1902, *Madison, N. H.*
 Long, Margaret, A.B. (*Smith Coll.*) 1895, *Hingham.*
 Lowney, John Francis, M.D. (*Tufts Coll.*) 1900, *Fall River.*
 Lowney, Jeremiah Joseph, *Fall River.*
 McAllister, Frederick Danforth, A.B. (*Amherst Coll.*) 1894, M.D. 1898, *Lawrence.*
 McKenzie, Charles, *E. Boston.*
 McKibben, William Watson, A.B. 1896, M.D. 1900, *Van Buren, Ark.*
 McPeake, Patrick Henry, *Somerville.*
 Maguire, Thomas Joseph, *Natick.*
 Mangan, John Joseph, A.B. (*Holy Cross Coll.*)
 1883, A.M. (*ibid.*) 1896, M.D. (*Coll. of Phys. and Surg.*) 1891, *Lynn.*
 Manning, Isaac Hall, M.D. (*Long Island Coll. Hosp.*) 1897, *Chapel Hill, N. C.*
 Marshall, Harold Kenneth, *Boston.*
 Marston, Joseph Norris, M.D. 1899, B.Sc. (*Edinburgh Univ.*) 1901, *Lowell.*
 Messinger, Harry Carleton, *E. Providence, R. I.*
 Mock, Charles Whiting, *Jamaica Plain.*
 Montgomery, Fayette Hewitt, M.D. (*Columbian Univ.*) 1892, *Danville, Ky.*
 Morrill, Gordon Niles, *Boston.*
 Morse, John Lovett, A.B. 1887, A.M., M.D. 1891, *Boston.*
 Motter, Murray Galt, A.B. (*Pennsylvania Coll.*)
 1886, S.B. (*ibid.*) 1887, A.M. (*ibid.*) 1889, M.D.
 (*Univ. of Pennsylvania*) 1890, *Washington, D. C.*
 Musgrave, Percy, A.B. 1894, M.D. 1898, *Boston.*
 Nabers, Frank Edmundson, PH.G. (*New York Coll. of Pharm.*) 1891, *Birmingham, Ala.*
 Norwood, Harold Bradshaw, *Beverly.*
 O'Brien, Stanislaus Patrick, *Lowell.*
 O'Sullivan, William Daniel, B.L. (*Dartmouth Coll.*) 1900, *Lawrence.*

Phillips, John Charles,	<i>Boston.</i>
Plummer, Harry Ephraim, M.D. (<i>Iowa Coll. of Phys. and Surg.</i>) 1901,	<i>Des Moines, Ia.</i>
Pote, Leonard Holden, M.D. 1900,	<i>Somerville.</i>
Pratt, Frederick Haven, A.B. 1896, A.M. 1898,	<i>Worcester.</i>
Provan, Walter Fairfield,	<i>Roxbury.</i>
Ransom, Eliza Taylor, M.D. (<i>Boston Univ.</i>) 1900,	<i>Dorchester.</i>
Ray, Frederick Nash,	<i>Haverhill.</i>
Rees, Rees Bynon, M.D. 1901,	<i>Boston.</i>
Ripley, William Littlefield,	<i>Newton.</i>
Rives, William Cabell, M.D. (<i>Univ. of the City of New York</i>) 1877,	<i>Washington, D. C.</i>
Robbins, Chandler, A.B. 1899,	<i>Weston.</i>
Robbins, William Bradford, A.B. 1899,	<i>Weston.</i>
Rogers, Mark Homer, A.B. (<i>Williams Coll.</i>) 1900,	<i>Allston.</i>
Rowley, Mary, M.D. (<i>Tufts Coll.</i>) 1898,	<i>Boston.</i>
Russell, John Henry,	<i>Providence, R. I.</i>
Ryder, William Vernon,	<i>Everett.</i>
Sachs, Ernest, A.B. 1900,	<i>New York, N. Y.</i>
Seaver, Edwin Pliny, Jr.	<i>Waban.</i>
Seymour, Frederick Ward,	<i>Holyoke.</i>
Seymour, Malcolm,	<i>Holyoke.</i>
Shoninger, Lee Simon, PH.B. (<i>Yale Univ.</i>) 1900,	<i>New Haven, Conn.</i>
Skarstrom, William, M.D. 1901,	<i>Boston.</i>
Staples, Clarence Hathorne, A.B. (<i>Wesleyan Univ.</i>) 1900,	<i>Waltham.</i>
Stevens, Charles Edward,	<i>Brookline.</i>
Strauss, Sidney,	<i>Pittsfield, Ill.</i>
Stuhl, Frank,	<i>So. Boston.</i>
Taylor, Harry Baylor, M.D. (<i>Univ. of Virginia</i>) 1902,	<i>Norfolk, Va.</i>
Thornton, John Thruston, M.D. (<i>Med. Coll. of Virginia</i>) 1902,	<i>Charlottesville, Va.</i>
Trayes, William Henry, Jr.	<i>Boston.</i>
Tyler, Winsor Marrett, A.B. 1899,	<i>Lexington.</i>
Watters, William Henry, A.B. (<i>McGill Univ.</i>) 1897, M.D. (<i>Boston Univ.</i>) 1900,	<i>Boston.</i>
Whitney, Charles Melville, M.D. 1887,	<i>Boston.</i>
Whiton, Ross Kittredge, A.B. 1900,	<i>Quincy.</i>
Williams, Ennion Gifford, M.D. (<i>Univ. of Virginia</i>) 1897,	<i>Richmond, Va.</i>
Williams, Marian Walker, A.B. (<i>Radcliffe Coll.</i>) 1898, M.D. (<i>Johns Hopkins Med. Coll.</i>) 1901,	<i>Cambridge.</i>

Witbeck, Charles Lansing, M.D. (*Union Univ.*)

1901,

Woodbury, Willard Porter, A.B. 1900,

Worcester, John Fonerden, M.D. (*Boston Univ.*)

1888,

Young, Herbert Walter,

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Beverly.

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